

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F94000000744 (2)

1. Corporation Name  
**MILESTONE COMMUNICATIONS, INC.**



Principal Place of Business  
**9600**  
**9600 ROGER BLVD.**  
**SUITE ~~200~~ 201**  
**ST. PETERSBURG FL 33702**

Mailing Address  
**- SAME**  
**9401 N 9TH ST**  
**STE 0970**  
**ST. PETERSBURG FL 33702**  
**US**

3. Date Incorporated or Qualified  
**02/16/1994**

3a. Date of Last Report  
**03/22/1995**

2. Principal Place of Business  
**21**

2a. Mailing Address  
**26** **9600 Koger Blvd**

Suite, Apt. #, etc.  
**22** **#201**

City & State  
**23** **St. Pete**

Zip  
**24** **FL** **25** **Country**

City & State  
**28** **FL** **29** **33702** **30** **Country**

4. FEI Number  
**52-1762930**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**ENGEL, THOMAS**  
**8401 N 9TH ST**  
**STE 0970**  
**ST. PETERSBURG FL 33702**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**9600 Koger Blvd.**

83 **#201**

84 City  
**St. Petersburg FL** **85** **Zip Code**  
**33702**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	ENGEL, THOMAS H	
STREET ADDRESS	9600 KOGER BLVD.	
CITY - ST - ZIP	ST. PETERSBURG FL 33702	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ENGEL, SHANA	
STREET ADDRESS	9600 KOGER BLVD.	
CITY - ST - ZIP	ST. PETERSBURG FL 33702	
TITLE	MADIGAN, CLARK T	<input type="checkbox"/> DELETE
NAME	2200 WILSON BLVD.	OK
STREET ADDRESS	ARLINGTON VA 22201	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	9600 Suite 201
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	9600 Suite 201
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Vice President and Director
4.3 STREET ADDRESS	Michael W. Drake
4.4 CITY - ST - ZIP	9600 Koger Blvd. #201
	St. Petersburg FL 33702
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael W. Drake* **4/11/96** **577-1143**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)