FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000039785 (9)

HIGH TECH COMMUNICATIONS OF CENTRAL FLORIDA, INC

Principal	Place o	l Business
4000 0	C OKTU	AVE

Mailing Address

PA BAY 71153

FILED May 01 1998 8:00am Secretary of State



OCALA FL 3	4471	OCALA FL 34471 US		DO NOT WRITE IN THIS SPACE	
00		US		3. Date incorporated or Qualified	
	•			05/01/1993	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 251	3-ANE 3rd St	26 2513-A M	5 300 St	59-3186118	Not Applicable
Suite, Apt.	.#, etc. . ^	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Stat	la FL	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	200-	Country	8. This corporation owes or has paid the	· ————————
24 344	70 25 Marion	29 34470 3	¬ ´	Personal Property Tax due June 30.	Yes No
<u> </u>	9. Name and Address of Curren	Registered Agent	81 Name	10. Name and Address of New Register	ed Agent
	ONARD, ERSILIA F		Name		}
4962 S.E. 35TH AVENUE		82 Street Address (P.O. Box Number is Not Acceptable)			
00	CALA FL 34471		83		
			84 City		85 Zip Code
					▝▙▕▔▎`
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named corp	poration submits this statement for the purpos tion's board of directors. I hereby accept the	e of changing its registered
agent la	am f amilia r with, and accept the obliga	itions of, Section 607.0505, Florid	da.Statutes.	non's board of directors. Thereby accept the f	appointment as registered
SIGNATURE	Esilia Lecuar	d sh	puliá H	Komand 4	-21-98
	Signature, typod or printed name of registered ages		Registered Agent signature requ		
12.	OFFICERS AND	DELETE	13. 1.1 10TLE	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition
NAME	D LEONADO JOSÉ S (D	. DETER			C Clarife C Monton
	LEONARD, JOEL E JR.		1.2 NAME		
STREET ADDRESS	4962 S.E. 35TH AVENUE OCALA FL 34471		1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		
CITY-ST-ZIP TITLE	D 00000 FL 34471	DELETE	2.1 YITLE		Change Addition
NAME	LEONARD, ERSILIA F		2.2 NAME		
STREET ADDRESS	4982 S.E. 35TH AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34471		2 4 CITY+ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST- ZIP		
TITLE		DELETE	4.1 TATLE		☐ Change ☐ Addition
NAME	1		4. 2 NAME		ì
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ D£LETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS)		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 DITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	400000	Change Addition
NAME			6.2 NAME	400002507 -05/01/9801055- ***150.00	704V
STREET ADDRESS			6.3 STREET ADDRESS	***150.00	~U22J~/I
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

4-21-98