

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

FILED

**May 14 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P94000092995 (7)
1. Corporation Name
AMERICA II COMMUNICATIONS, INC.



DO NOT WRITE IN THIS SPACE.

Principal Place of Business
~~C/O D. MICHAEL POINTER, II
2550 118TH AVENUE NORTH
ST. PETERSBURG FL 33716
US~~

Mailing Address
C/O D. MICHAEL POINTER, II
2550 118TH AVENUE NORTH
ST. PETERSBURG FL 33716
US

3. Date Incorporated or Qualified
12/27/1994

4. FEI Number
59-3284604

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 owes or has paid the current year Intangible Personal Property Tax due June 30 Yes No

2. Principal Place of Business
21 **1012 118th Avenue North**
Suite, Apt. #, etc.
22
City & State
23 **St. Petersburg, FL**
Zip Country
24 **33716** 25 **USA**

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip Country
29
30

9. Name and Address of Current Registered Agent
**POINTER, D. MICHAEL II
2550 118TH AVENUE NORTH
ST. PETERSBURG FL 33716**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent's signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DCEO	<input type="checkbox"/> DELETE
NAME	GALINSKI, MICHAEL B	
STREET ADDRESS	13535 FEATHER SOUND DRIVE, SUITE 327	
CITY-ST-ZIP	CLEARWATER FL 34622	
TITLE	HALL, GREG	<input checked="" type="checkbox"/> DELETE
NAME	13535 FEATHER SOUND DR, STE 327	
STREET ADDRESS	CLEARWATER FL	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	POINTER, ANN E	<input checked="" type="checkbox"/> DELETE
NAME	13535 FEATHER SOUND DR, STE 327	
STREET ADDRESS	CLEARWATER FL	
CITY-ST-ZIP	CLEARWATER FL	
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	<i>see zip code</i>
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Pointer, D. Michael II
3.3 STREET ADDRESS	2550 118th Avenue North
3.4 CITY-ST-ZIP	St. Petersburg, FL 33716
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" 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	

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***158.75

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(1), 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: *D. Michael Pointer II* D. Michael Pointer II 4/28/98 (813) 573-9375

CR2E034 (10/97)