99 JUN 29 14H:50

SECHETARY OF STATE TALLAMASSIE, FLORIDA

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P98000073327
1 Cornoration Name	1 00000010001

RIGHTER COMMUNICATIONS, INC.

Principal Place of Business Mailing Address			. 1858 1115 1116 11611 1691 (951	
498 PALM SPRINGS DRIVE. #100 ALTAMONTE SPRINGS FL 32701	498 PALM SPRINGS DRIVE. ALTAMONTE SPRINGS FL 32			
			DO NOT WRITE IN THI	S SPACE
			3. Date Incorporated or Qualifed	
2. Principal Place of Business	2a. Mailing Address		08/20/1998 4. FEI Number	Applied For
21	26		59-3535040	Not Applicable
Suite, Apt. #, etc.	Suite, Apt #, etc	-	1 .	\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year I Personal Property Tax	ntangible - [Tyes
24 25 9. Name and Address of Ci		30	10. Name and Address of New Registerer	
o. Hame and Hedress of Ot		81 Name	•	
RIGHTER, KARL E		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
148 HATTAWAY DRIVE		62 Street Addre	iss (r.c) box radinities is race neceptaine)	
ALTAMONTE SPRINGS FL 32701	l	83		
		84 City		85 Zip Code
		'	F	L
11. Pursuant to the provisions of Sections 607	7.0502 and 607.1508, Florida Statutes	s, the above-named corpo thorized by the corporation	iration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered ointment as registered
agent. I am familiar with, and accept the	bligations of Section 607.0505, Florid	da Statutes.	5-1,100	-
SIGNATURE / S/C		E. Righter Registered Agents gradure required	3/1/97	
	ad agent and tatio if applicable (NOTE F S AND DIRECTORS	<b>1</b> 3.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	[ ] DELETE	11TITLE P	esident.	[ ] Change [ ] Addition
NAME		12 NAME	orl E. Righler	
STREET ADDRESS		13 STREET ADDRESS	eorl E. Righter 198 Palm Springs Dr. 16t. Sprgs, FL 32701	
CITY-ST-ZIP			FUL 3 PT93, PC 32/31	F1411
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NAME		2 2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
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NAME		32 NAME	30000292: -07/13/99-	96636 -01029013
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CITY-ST-ZIP		34 CITY-S1-ZIP	****158.0	D *****120*00
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CITY-ST-ZIP	[] DELETE	54 CITY-ST-ZIP 61 TUILE		[] Change [] Addition
TITLE	L'i Dere le	6.2 NAME		Filoride Filorida
NAME		63 STREET ADDRESS		
STREET ADDRESS		6.4 CiTY-ST-ZiF		
CITY-ST-ZIP		E		

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 logal effect as if made under on h, 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 chapted, or on all attachment with an address, with all other like empowered

SIGNATURE:

\*\*Comparison 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 chapted, or on all attachment with an address, with all other like empowered

\*\*Comparison of the corporation of 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 chapted.

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\*\*Comparison of the receiver of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

\*\*Comparison of the receiver of the corporation SIGNATURE:

Karl F. Righter

5/1/99 407-261-9001