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 # 444410

DIAL COMMUNICATIONS, INC.

								BOIL BEOM DISH	1 7801 01011 012	A((1101) (00)
Principal Place of Business Mailing Address							·			
4972 WOODVILLE HWY BLDG 4 1601 FORUM PL										
PO BOX 10017			STE 1110				DO NOT WRITE IN THIS SPACE			
TALLAHASSEE I	FL 32311	WEST PA	WEST PALM BEACH FL 33401				3. Date Incorporated or Qualified			
US US						3.	01/17/1974			
			Address				FEI Number		Apr	lied For
2. Principal Pl	ace of Business	—————————————————————————————————————	ng Address			4.			- 1 - ' '	Applicable
21		26	A				59-1511395			dditional
Suite, Apt. #. etc.			Suite, Apt. #, etc			5.	Certificate of Status Desired		Fee Rec	
22 27			City & State							
City & State		— ·	& State			6.	Election Campaign Financing Trust Fund Contribution		\$5.00 M Added to	
23		28								71 663
Zip	Country	Zip	-	Countr	У	8.	This corporation owes the current			□No
24	25	29		30		!	Personal Property Tax. Name and Address of New Re			= 1
	9. Name and Address of Curr	ent Registered	Agent	8	1 Nama			fileteran wa	GIIL	
CAIN	ICC EDAIZED I			°			ard Pollock			
GAINES, FRAIZER L				8:			ddress (P.O. Box Number is Not Acceptable)			
1601 FORUMP					1.6	501 Forum Place, STE. 1110				
STE				8	3		• •		,	
WES	T PALM BEACH FL 33401			8	4 City				85 Zip C	ode
					1	WPB		FL)	334	101
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpora office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required wh							1/20/99			
		AND DIRECTOR		13.	ent signatore t		ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTO	RS IN 12
12.	VP OF FIGURE	AND DIRECTO	TX DELETE	1.1 TITLE					Change	☐ Addition
	HOLSHOE, KEN		A	1.2 NAME						
NAME		00.4				ļ				
STREET ADDRESS	4972 WOODVILLE HWY., BLI	JG 4			ET ADDRESS	1				
CITY-ST-ZIP	TALLAHASSEE FL 32311		C DELETE	1.4 CITY-					X Change	Addition
TITLE	ST		☐ DELETE	2.1 TITLE		P			<u></u>	
NAME	RAY, BILY V			2.2 NAME						Į.
STREET ADDRESS	1601 RORUM PL, STE 1110			2.3 STRE	ET ADDRESS		· / • -			1
CITY-ST-ZIP	W PALM BCH FL 33401			2. 4 CITY					Change	Addition
TITLE	CD		X DELE₹E	3.1 TITLE				l	change	
NAME	gaines, frazier l			3.2 NAMI		1				,
STREET ADDRESS	1601 FORUM PL #1110			33 STRE	ET ADDRESS					ļ
CITY-ST-ZIP	W PALM BCH FL 33401			3.4. CITY	-ST-ZIP	<u> </u>				
TITLE			☐ DELETE	4.1 TITLE		V		ι	Change	Addition
NAME				4. 2 NAM	E	Rick	k Boyle			
STREET ADDRESS				4.3 STRE	ET ADDRESS		1 Forum Place,	STE 1	110	}
CITY-ST-ZIP				4.4 CITY	ST-ZIP		FL 33401			
TITLE			DELETE	5.1 TITLE					☐ Change	☐ Addition
NAME				5.2 NAM	Ē		•	,	• .	
STREET ADDRESS				5.3 STRE	ET ADDRESS					,
				5.4 CITY	ST-ZIP				•	}
CITY-ST-ZIP			☐ DELETE	6.1 TITLE			<u></u>		Change	☐ Addition
NAME			•	6.2 NAM	=					
STREET ADDRESS				6.3 STRE	ET ADORESS					l
1 SINELIADUNESS				-						ĭ

CITY-ST-ZIP 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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90014 032 ***150.00