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

PROFIT CORPORATION ANNUAL REPORT 1998



Secretary of State DIVISION OF CORPORATIONS

CHMENT #

FILED Jan 23 1998 8:00am Secretary of State

1. Corporation I	RG COMMUNICATIONS &		(b) NG SERVICI	E IMC								
•	IIG COMMUNICATIONS G	CANONEIN	ING OLITIO	L, INC			1188181	#1317 ##1713 #1##1 #24#1 #1317		II A BERTA RABA RA	DO BOBERSON	
Principal Place of	of Business	Mailing /	Address				1 188161	Bittl ##tif Bibli #filt Batte		NE REMER BOUND AT	M14 M4841 18M1	
1018 NORTH BLVD., W. SUITE A 1018 NORTH BLVD., W. SUITE A												
LEESBURG FL 34748 US US								DO NOT WRITE IN THIS SPACE				
ยัง		US					3. Date Inc	orporated or Qualifie			<u> </u>	7
							06/01/	•				
2. Principal Plac	ce of Business	2a. Mailir	2a. Mailing Address					ber			Applied For	1
21		26					59-10	677423		1	lot Applicable	
Suite, Apt. #, etc.		—	Suite, Apt. #, etc.				5. Certificat	5 Certificate of Status Desired Status Desired Status Desired				
22			27 Chr. 2 Chr.								Required	4
City & State			City & State					6. Election Campaign Financing \$5.00 May Be				
Zip	Country							Trust Fund Contribution Added to Fees				
24	25	— ·	<u> </u>		30		-	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
,	9. Name and Address of Curre		Agent	,00,				nd Address of New				
	BRED, FRANK A.				81	Name						
	NORTH BLVD., W. SUITE A				82	Street Add	dress (P.O. Box N	lumber is Not Accep	able)			
LEES	BURG FL 34748				83							-
					84	City			FL	85 Zip	Code	1
11. Pursuant to	the provisions of Sections 607,050	02 and 607,150	8. Florida Statut	es, the al	<u> </u>		roorotion aubmita	this statement for the		of changing	its registered	┥
				,	nove-	-named corp	ihoration anniuits	this statement for the				
office or reg	sistered agent, or both, in the State familiar with, and accept the oblic	e of Florida, Suc ations of, Secti	ch change was ion 607,0505. Fi	authorize orida Stat	d by tutes.	the corpora	ation's board of d	lirectors. I hereby acc	ept the ap	pointment a	s registered	
	the provisions of Sections 607.050 sistered agent, or both, in the State familiar with, and accept the oblig	e of Florida, Sug pations of, Secti	ch change was ion 607.0505, Fl	authorize orida Stat	d by tutes.	-named corpora the corpora	ation's board of d	irectors. I hereby acc	ept the ap	pointment a	s registered	
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SIGNATURE SIGNATURE	gnative, typed or printed name of registered ag OFFICERS AN		able. (NOT	E: Registered	d Agen		uired when reinstating)	irectors. I hereby acc	DATE	D DIRECTO	RS IN 12	
SIGNATURE SIGNATURE 12.	gnature, typed or printed name of registered ag OFFICERS AN D	ent and title if applica	able. (NOT	E: Registered	d Agen		uired when reinstating)		DATE			(10/97)
SIGNATURE SIGNATURE 12. TITLE NAME	gnature, typed or printed name of registered ag OFFICERS AN D SKILBRED, FRANK A	ent and title if applica	able. (NOT	13. 1.1 TI	d Agen TLE AME	nt signature requi	uired when reinstating)		DATE	D DIRECTO	RS IN 12	(10/97)
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ate and that my signature shall have the same legal effect as if made under oath; that I am an Ecute this report as required by Chapter 607, Florida Statutes; and that my name appears in

352-782-6662