FILE	NOW: FILING FE	E AFTER MAY 1 IS	\$ \$225.00			
COR ANNU	PROFIT PORATION JAL REPORT 1996	Sandra E Secretar	RTMENT OF STATE 3 Morthani ry of State CORPORATIONS			
DOCUMENT # 577581 (2)						
•	MANUNICATIONS GROUP	P, INC.		1 (01)01 0//// 1005 1000 0100 000	186 1888 B1881 86811 81811	NJĀRA BIRALĀCIJA IMAL
Principal Place of Business Mailing Address						
21045 COMME BOCA RATON	ERCIAL TRAIL 1 FL 33486-1006	21045 COMMERCIAL TRA BOCA RATON FL 33486-				
				 Date Incorporated or Qualified 06/30/1978 	d 3a. Date of La 05/11/	
2. Principal Pla	ace of Business	28. Mailing Address		4. FEI Number		Applied For Not Applicable
21 Suite, Apt. 4	#, etc.	26 Suite, Apf. #, etc.		59-1838962 5. Certificate of Status Desired	\$8	1.75 Additional
22 Cit. Il Choto		27 (h: % State				Fee Required
City & State)	City & State		 Election Campaign Financing Trust Fund Contribution 	5 1 .	5.00 May Be Added to Fees
Ζφ	Country	Ζφ	Country	8. This corporation has liability for		ler s 199.032,
24	25 9. Name and Address of Curr	29 ent Registered Agent	30	10. Name and Address of New	es 🔲 No Registered Agen	t
		······································	81 Name			
BIAGIOT			82 Street A	ddress (P.O. Box Number is Not Accept	tabie)	
	OMMERCIAL TRAIL ATON FL 33432		83			
			B4 City		- 85	Zip Code
44 . D		00		poration submits this statement for the p	FL	
or register	ed agent, or both in the State of Fi th, and accept the obligations of, Se	orida. Such change was authorized	d by the corporation's t	poration sournits this statement of the p poard of directors. Thereby accept the ap	ppointment as regis	tered agent I am
SIGNATURE	in, and accept the obligations of, ex					
12.	Signature typed or printed name of registerer (a) OFFICERS A	Estanthe capitale inco	C. Registered Agent's gradule no	ADDITIONS/CHANGES TO O	DATE FFICERS AND DIRE	CLORS IN 12
TITLE	PD	DELETE	I I NILE		📋 Cha	ange 🔲 Addition
NAME STREET ADORESS	BIAGIOTTI, RAY 8375 TWIN LAKE DR		1 2 NAME 1 3 S'HEET ADDRESS			
CITY - ST-ZIP	BOCA RATON FL		14 CITY-ST-ZIP			
TITLE	SD	DELETE	2 1 TITLE	Secretary	🗋 Cha	ange 😰 Add-tion
NAME OTOGET ADOREDE	BIAGIOTTI, MARY LOU 8375 TWIN LAKE DRIVE		2.2 NAME	Biagiotti, Micha		
STREET ADDRESS	BOCA RATON FL		2.3 STREET ADDRESS 2.4 C(Fy - S1 - Z)P	935 Sweetwater L Boca Raton, FL		4
TITLE		DELE IE	3 1 10LE		33431 🗌 Chi	ange 🔲 Addition
NAME			3 2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS 3.4 City - St - ZIF			
TITLE	······································	DELETE	4 1 THEF	· · · · <u>·</u> · · · · · · · · · · · · · · ·	Chi	ange 📋 Addition
NAME			4 2 NAME			
STREEL ADDRESS			43 STREET ADDRESS 44 City St. Zip			
TITLE		DELETE	5 1 HILE		Ch.	ange 🔲 Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	54Cil++SI+7P 6 * Title		Ch	ange 🔲 Addition
NAME			6 2 NAME			
STREET ADDRESS			6 3 STREET ADDRESS			
CITY-ST-ZIP 14. I do hereb) by certify that the information supplie	ed with this filing is voluntarily furnis	64 CEY+S1-ZP shed and does not gual	ly for the exemption stated in Section 1	19.07(3)(k). Florida 5	Statutes. I further
certify that	t the information indicated on this a	rinual report or subplemental appu	al report is true and acc	curate and that my signature shall have to this report as required by Chapter 607,	he same legal effec	t as if made under
appears ir	Block 12 or Block 13 if charger,					
SIGNAT	URE: THAT	•	chael L. B		06 (407 Daffere) 392-230
	SIGNATURE AND TYPE	OR PRINTED NAME OF SIGNING OFFICE	N ON DIRECTOR	O.e.s	Osyler w.	Planc #