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May 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF REVENUE Sandra B. Morris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 577581 (2)**

1. Corporation Name  
**THE COMMUNICATIONS GROUP, INC.**

Principal Place of Business <b>21045 COMMERCIAL TRAIL BOCA RATON FL 33486-1006</b>	Mailing Address <b>21045 COMMERCIAL TRAIL BOCA RATON FL 33486-1006</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**BIAGIOTTI, RAY  
21045 COMMERCIAL TRAIL  
BOCA RATON FL 33432**

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the office or registered agent of this corporation 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: *[Signature]* DATE: **4/28/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1	NAME
NAME	BIAGIOTTI, RAY	1.2	STREET ADDRESS
STREET ADDRESS	8375 TWIN LAKE DR	1.3	CITY - ST - ZIP
CITY - ST - ZIP	BOCA RATON FL	1.4	
TITLE	S	2.1	NAME
NAME	BIAGIOTTI, MICHAEL L	2.2	STREET ADDRESS
STREET ADDRESS	935 SWEETWATER LN., #104	2.3	CITY - ST - ZIP
CITY - ST - ZIP	BOCA RATON FL 33431	2.4	
TITLE		3.1	NAME
NAME		3.2	STREET ADDRESS
STREET ADDRESS		3.3	CITY - ST - ZIP
CITY - ST - ZIP		3.4	
TITLE		4.1	NAME
NAME		4.2	STREET ADDRESS
STREET ADDRESS		4.3	CITY - ST - ZIP
CITY - ST - ZIP		4.4	
TITLE		5.1	NAME
NAME		5.2	STREET ADDRESS
STREET ADDRESS		5.3	CITY - ST - ZIP
CITY - ST - ZIP		5.4	
TITLE		6.1	NAME
NAME		6.2	STREET ADDRESS
STREET ADDRESS		6.3	CITY - ST - ZIP
CITY - ST - ZIP		6.4	

14. I do 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 as an attachment with an address.

SIGNATURE: *[Signature]* MICHAEL L. BIAGIOTTI, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3. Date Incorporated or Qualified <b>06/30/1978</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-1838962</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent

1 Name

2 Street Address (P.O. Box Number is Not Acceptable)

3

4 City **FL** 85 Zip Code

I, the named corporation submits this statement for the purpose of changing its registered agent by the corporation's board of directors. I hereby accept the appointment as registered agent.

SIGNATURE: *[Signature]* DATE: **4/28/97**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1	NAME
1.2	STREET ADDRESS
1.3	CITY - ST - ZIP
1.4	
2.1	NAME
2.2	STREET ADDRESS
2.3	CITY - ST - ZIP
2.4	
3.1	NAME
3.2	STREET ADDRESS
3.3	CITY - ST - ZIP
3.4	
4.1	NAME
4.2	STREET ADDRESS
4.3	CITY - ST - ZIP
4.4	
5.1	NAME
5.2	STREET ADDRESS
5.3	CITY - ST - ZIP
5.4	
6.1	NAME
6.2	STREET ADDRESS
6.3	CITY - ST - ZIP
6.4	

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SIGNATURE: *[Signature]* MICHAEL L. BIAGIOTTI, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



CR2E034 (9/96)