



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

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Apr 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>606040</b> (4) 1. Corporation Name <b>COMMUNICATIONS DEVICES INCORPORATED</b>			
Principal Place of Business <b>1805 VLLIAGE WAYUE ORANGE PARK FL 32073</b>		Mailing Address <b>1805 VLLIAGE WAYUE ORANGE PARK FL 32073</b>	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26 1805 VILLAGE WAY</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>	
City & State <b>23</b>		City & State <b>28</b>	
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
9. Name and Address of Current Registered Agent <b>ARCHAM BANT, PATRICIA A 1805 VILLAGE WAY ORANGE PARK FL 32073</b>		10. Name and Address of New Registered Agent <b>81 Name ARCHAMBAULT 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code</b>	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable			
12. OFFICERS AND DIRECTORS			
TITLE	S	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	RICHARDSON, CAROL A	1.1 TITLE	
STREET ADDRESS	ROUTE 1 BOX 12-A	1.2 NAME	
CITY - ST - ZIP	HAYESVILLE, NC 00000	1.3 STREET ADDRESS	208 SYLVAN RD
		1.4 CITY - ST - ZIP	HAYESVILLE, NC 28904
TITLE	PTD	2.1 TITLE	
NAME	RICHARDSON, ROBERT H	2.2 NAME	
STREET ADDRESS	P.O. BOX 1 (N/A)	2.3 STREET ADDRESS	
CITY - ST - ZIP	YOUNG HARRIS GA	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	RICHARDSON, TROY B	3.2 NAME	
STREET ADDRESS	RT. 1, BOX 12-B	3.3 STREET ADDRESS	
CITY - ST - ZIP	HAYESVILLE, NC 00000	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	
NAME	BIEDERMAN, TAMARA D	4.2 NAME	
STREET ADDRESS	1806 SUMMIT WALK DR.	4.3 STREET ADDRESS	2011 Queensbury Drive
CITY - ST - ZIP	MARIETTA GA 30067	4.4 CITY - ST - ZIP	ACKWORTH, GA 30102
TITLE	D	5.1 TITLE	
NAME	RICHARDSON, TRACY R	5.2 NAME	
STREET ADDRESS	P.O. BOX 1, NA	5.3 STREET ADDRESS	
CITY - ST - ZIP	YOUNG HARRIS GA	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	
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 on an attachment with an address.			
SIGNATURE:  <b>ROBERT H. RICHARDSON</b>		4/6/97 904 269-5030	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)