

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

FILED

Jan 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 609278 (7)
1. Corporation Name
COMMUNICATIONS INTERNATIONAL, INC.



Principal Place of Business
4450 NORTH US 1
VERO BEACH FL 32967
US

Mailing Address
PO BOX 6670
VERO BEACH FL 32961-6670
US

3. Date Incorporated or Qualified 02/08/1979
3a. Date of Last Report 01/23/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 59-1885709
Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POLACKWICH, ALAN S., SR.
2770 INDIAN RIVER BLVD., STE. 501
VERO BEACH FL 32960

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature of registered agent or agent in charge (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	STORK, ROBERT WM	
STREET ADDRESS	2900 59TH AVE.	
CITY- ST- ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ERFURT, HENRY F.	
STREET ADDRESS	345 32ND AVE SW	
CITY- ST- ZIP	VERO BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DARE, TIMOTHY J.	
STREET ADDRESS	2603 13TH STREET	
CITY- ST- ZIP	VERO BEACH, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TURNER, JEAN M.	
STREET ADDRESS	1075 54TH AVENUE	
CITY- ST- ZIP	VERO BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FISHER, STEVEN W	
STREET ADDRESS	1670 3RD CT SW	
CITY- ST- ZIP	VERO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	T
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	C
6.3 STREET ADDRESS	H.T. DEAN
6.4 CITY- ST- ZIP	3116 THIRD STREET VERO BEACH FL 32968

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 is dated 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 *Jean Turner* Jean Turner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/03/97 561 569 5355
Date Daytime Phone #

CR2E034 (9/96)