


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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90181 038 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 609278

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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/08/1979

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 4450 U.S. HIGHWAY 1 27 Suite, Apt. #, etc. 28 VERO BEACH, FL 29 32967 30 USA
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4. FEI Number
59-1885709

Applied For
Not Applicable

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

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

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 3333 20TH STREET	83	84 City VERO BEACH, FL	85 Zip Code 32960
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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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

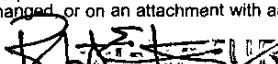
12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	STORK, ROBERT WM	
STREET ADDRESS	2900 59TH AVE.	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	T	<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 checked="" type="checkbox"/> DELETE
NAME	TURNER, JEAN M.	
STREET ADDRESS	1075 54TH AVENUE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FISHER, STEVEN W	
STREET ADDRESS	1670 3RD CT SW	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	DEAN, H. T.	
STREET ADDRESS	3116 THIRD ST	
CITY-ST-ZIP	VERO BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D, V, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D, V, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ROBERT E. KING KING, ROBERT E.	
4.3 STREET ADDRESS	4450 U.S. HIGHWAY 1	
4.4 CITY-ST-ZIP	VERO BEACH, FL 32967	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	HEWETT, JAMES S.	
5.3 STREET ADDRESS	7215 EXPORT AVE.	
5.4 CITY-ST-ZIP	COCOA, FL 32927	
6.1 TITLE	D, C, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99 (561) 569-5355
Date Daytime Phone #

CR2E034 (11/98)