


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 12 1998 8:00am
Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1998 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
|---|----------------------|---|---------------------|
| DOCUMENT # 669732 (0) | | | |
| 1. Corporation Name COMMCO COMMUNICATIONS COMPANY, INC. | | | |
| Principal Place of Business 1133 SO. UNIVERSITY PLANTATION FL 33324 US | | Mailing Address 2085 LAUREL RIDGE ROAD MAGGIE VALLEY NC 28751 US | |
| 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 |
| 9. Name and Address of Current Registered Agent MORMAN, MARCUS P 8100 BROWARD BLVD. 300 PLANTATION FL 33324 | | 10. Name and Address of New Registered Agent | |
| 81 Name | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | | 84 City | |
| 85 Zip Code | | 86 State | |
| 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 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| NAME | MOLL, THEO E | 1.1 TITLE | |
| STREET ADDRESS | 2085 LAUREL RIDGE RD | 1.2 NAME | |
| CITY-ST-ZIP | MAGGIE VALLEY NC | 1.3 STREET ADDRESS | |
| TITLE | | 1.4 CITY-ST-ZIP | |
| NAME | | 2.1 TITLE | |
| STREET ADDRESS | | 2.2 NAME | |
| CITY-ST-ZIP | | 2.3 STREET ADDRESS | |
| TITLE | | 2.4 CITY-ST-ZIP | |
| NAME | | 3.1 TITLE | |
| STREET ADDRESS | | 3.2 NAME | |
| CITY-ST-ZIP | | 3.3 STREET ADDRESS | |
| TITLE | | 3.4 CITY-ST-ZIP | |
| NAME | | 4.1 TITLE | |
| STREET ADDRESS | | 4.2 NAME | |
| CITY-ST-ZIP | | 4.3 STREET ADDRESS | |
| TITLE | | 4.4 CITY-ST-ZIP | |
| NAME | | 5.1 TITLE | |
| STREET ADDRESS | | 5.2 NAME | |
| CITY-ST-ZIP | | 5.3 STREET ADDRESS | |
| TITLE | | 5.4 CITY-ST-ZIP | |
| NAME | | 6.1 TITLE | |
| STREET ADDRESS | | 6.2 NAME | |
| CITY-ST-ZIP | | 6.3 STREET ADDRESS | |
| TITLE | | 6.4 CITY-ST-ZIP | |



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/12/1980

4. FEI Number

59-2010607

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORMAN, MARCUS P
8100 BROWARD BLVD.
300
PLANTATION FL 33324

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, typed or printed name of registered agent and title 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

NAME MOLL, THEO E

STREET ADDRESS 2085 LAUREL RIDGE RD

CITY-ST-ZIP MAGGIE VALLEY NC

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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)(l), 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

8/12/98

9268254

CR2E034 (5/98)