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Feb 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **702817** **(8)**

1. Corporation Name

COMMUNITY COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
11510 E COLONIAL DR ORLANDO FL 32817-4699 US	11510 E COLONIAL DR ORLANDO FL 32817-4605 US

3. Date Incorporated or Qualified: **08/23/1961**
3a. Date of Last Report: **04/15/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **59-6155012** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STECK,STEPHEN M
11510 E COLONIAL DRIVE
ORLANDO FL 32817

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STECK, STEPHEN M		1.2 NAME		
STREET ADDRESS	11510 E COLONIAL DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 00000		1.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	VIVONA, ALDO		2.2 NAME		
STREET ADDRESS	11510 E COLONIAL DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 00000		2.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	3.1 TITLE	CD	XX Change ☐ Addition
NAME	KANTOR, HAL		3.2 NAME	Kirschenbaum, Malcolm	
STREET ADDRESS	715 VIA BELLA		3.3 STREET ADDRESS	72 Country Club Road	
CITY-ST-ZIP	WINTER PARK FL		3.4 CITY-ST-ZIP	Cocoa, Beach, FL 32931	
TITLE	VCD	☐ DELETE	4.1 TITLE	VCD	XX Change ☐ Addition
NAME	KIRSCHENBAUM, MALCOLM		4.2 NAME	Snead, Paul, Jr.	
STREET ADDRESS	72 COUNTRY CLUB ROAD		4.3 STREET ADDRESS	212 Marker Street	
CITY-ST-ZIP	COCOA BEACH FL		4.4 CITY-ST-ZIP	Altamonte Springs, FL 32701	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Aldo Vivona **REQUIRED** Aldo Vivona 2-20-97 407/273-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0017337