

FILE NOW: FILING FEE IS \$61.25

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Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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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 32817-4699 US

3. Date Incorporated or Qualified	08/23/1961
4. FEI Number	59-6155012
Applied For	Not Applicable

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	30 Country

5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	☐ Yes ☐ No
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
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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
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	2.1 TITLE	
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	3.1 TITLE	CD
NAME	KIRSCHENBAUM, MALCOLM	3.2 NAME	Kirschenbaum, Malcolm
STREET ADDRESS	72 COUNTRY CLUB ROAD	3.3 STREET ADDRESS	402 Highpoint Dr.
CITY-ST-ZIP	COCOA BEACH FL	3.4 CITY-ST-ZIP	Cocoa, FL 32926
TITLE	VCD	4.1 TITLE	
NAME	SNEAD, PAUL J	4.2 NAME	
STREET ADDRESS	212 MARKER STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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	

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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 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* Aldo Vivona 1/6/98 273-2300

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