FILE NOW: FILING FEE IS $61.25

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90040 028 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702817

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

2. Principal Place of Business (21)	2a. Mailing Address (26)	3. Date Incorporated or Qualifed: 08/23/1961
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	4. FEI Number: 59-6155012 ☐ Applied For ☐ Not Applicable
City & State (23)	City & State (28)	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip (24) Country (25)	Zip (29) Country (30)	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	VCD	☒ Change ☐ Addition
NAME	STECK, STEPHEN M		1.2 NAME	Longstaff, G. Geoffrey	
STREET ADDRESS	11510 E COLONIAL DR		1.3 STREET ADDRESS	634 Mourning Dove Circle	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	Lake Mary, FL 32746	
TITLE	ST	☐ DELETE	2.1 TITLE	CD	☒ Change ☐ Addition
NAME	VIVONA, ALDO		2.2 NAME	Snead, Paul J.	
STREET ADDRESS	11510 E COLONIAL DR		2.3 STREET ADDRESS	212 Marker Street	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	Altamonte Springs, FL 32701	
TITLE	CD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KIRSCHENBAUM, MALCOLM		3.2 NAME		
STREET ADDRESS	402 HIGHPOINT DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL 32926		3.4 CITY-ST-ZIP		
TITLE	VCD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
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		☐ 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		

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, with all other like empowered.

SIGNATURE: Aldo Vivona ALDO VIVONA Aldo Vivona 4-1-99 407-273-2300 x102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)