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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # 844342

1. Corporation Name

APPLIED COMMUNICATIONS, INC.

(6)

FILED	
May 14 1998 8:00ar	n
Secretary of State	



Principal Place of Business Mailing Address					T SMOTOL SOLL GIVE BIRED HINT DIGIT SOLL	inet dinit nietr genri gfalt hinte inni	
330 SOUTH 108 AVE 330 SOUTH 108 AVE							
OMAHA NE 68154 OMAHA NE 68154				DO NOT WRITE IN THIS SPACE			
		•			3. Date Incorporated or Qualified	THIO STAGE	
					10/12/1979		
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			47-0567215	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional		
22		27				Fee Required	
	City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	28 Zip	Countr	v			
24	25		30	•	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		
	9. Name and Address of Curr	· · · - · · · · · · · · · · · · · · · ·			10. Name and Address of New Regi	stered Agent	
C	T CORPORATION SYSTEM		81	Name			
	200 \$. PINE ISLAND ROAD		82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
P	LANTATION FL 33324			ļ			
			83	' \			
			84	City		FL 85 Zip Code	
11 Durauce	at to the provisions of Sections 607.0	502 and 607 1509 Florida Statuto	o the abov	(0. named part	coration submits this statement for the num	, ,	
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		· · · · · · · · · · · · · · · · · · ·					
12,	Signature, typed or pointed name of registered. OFFICERS A	AND DIRECTORS	13.	jorit signature requir	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE RS AND DIRECTORS IN 12	
TITLE	P	DELETE	1.1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change Addition	
NAME	RUSSELL, DAVID		1.2 NAME			_ • •	
STREET ADDRESS	AND COUTULION AUG		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	OMAHA NE		1.4 CiTY-	S1-2 P			
TITLE	0,	☐ DELETE	2.1 TITLE			Change Addition	
NAME	FISHER, WILLIAM		2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS			
CITY-ST-ZIP	OMAHA NE		2. 4 CITY	ST-ZIP			
TITLE	DUMAN, GREGORY	☐ DELETE	3.1 TITLE			☐ Change ☐ Addition	
NAME	MAN COLUMN 400 AVE		3.2 NAME				
STREET ADDRESS	OMAHA NE			T ADDRESS			
CITY-ST-ZIP TITLE	S S	DELETE	3.4. CITY-	SI-ZIP		Change Addition	
NAME	STOKES, DAVID, P		4. 2 NAME				
STREET ADDRESS	990 C 100 AVE			T ADDRESS			
CITY-ST-ZIP	OMAHA NE		4.4 CITY -				
TITLE		DELETE	5.1 TITLE			☐ Change ☐ Addition	
NAME			5.2 NAME				
STREET ADDRESS	s 		5.3 STREE	T ADDRESS			
CITY-ST-ZIP			54 CITY-	ST-ZIP			
TITLE		DELETE	6.1 TITLE			Change Addition	
NAME .	i		62 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY-ST-ZIP	<u> </u>		6.4 CITY	ST-ZIP			

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 suppliemental 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 application with an address. (402) 390-8993