

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 855667 (2)

1. Corporation Name

COMMUNICATIONS CONSULTANTS OF ORLANDO, FLORIDA,
INC.



Principal Place of Business

Mailing Address

691 SO ORLANDO AVE
SUITE 450
WINTER PARK FL 32789
US

PO BOX 1148
WINTER PARK FL 32790-1148
US

3. Date Incorporated or Qualified
03/01/1983

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 400 N. NEW YORK AVE

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.
#213

27 Suite, Apt. #, etc.

23 City & State

28 City & State

WINTER PARK FL

29 City & State

24 Zip
32789

25 Country
USA

30 Zip

Country

4. FEI Number
35-1496148

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

10. Name and Address of New Registered Agent

METCALF, DOUGLAS S.
631 SO ORLANDO AVE
STE 250
WINTER PARK FL 32789

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 of registered agent or person authorized to accept appointment

NOTE: Registered Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PMD
METCALF, DOUGLAS S.
405 VIRGINIA DR
WINTER PARK FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME ☐ Change ☐ Addition

3. STREET ADDRESS ☐ Change ☐ Addition

4. CITY - ST - ZIP ☐ Change ☐ Addition

5. TITLE ☐ Change ☐ Addition

6. NAME ☐ Change ☐ Addition

7. STREET ADDRESS ☐ Change ☐ Addition

8. CITY - ST - ZIP ☐ Change ☐ Addition

9. TITLE ☐ Change ☐ Addition

10. NAME ☐ Change ☐ Addition

11. STREET ADDRESS ☐ Change ☐ Addition

12. CITY - ST - ZIP ☐ Change ☐ Addition

13. TITLE ☐ Change ☐ Addition

14. NAME ☐ Change ☐ Addition

15. STREET ADDRESS ☐ Change ☐ Addition

16. CITY - ST - ZIP ☐ Change ☐ Addition

17. TITLE ☐ Change ☐ Addition

18. NAME ☐ Change ☐ Addition

19. STREET ADDRESS ☐ Change ☐ Addition

20. CITY - ST - ZIP ☐ Change ☐ Addition

21. TITLE ☐ Change ☐ Addition

22. NAME ☐ Change ☐ Addition

23. STREET ADDRESS ☐ Change ☐ Addition

24. CITY - ST - ZIP ☐ Change ☐ Addition

25. TITLE ☐ Change ☐ Addition

26. NAME ☐ Change ☐ Addition

27. STREET ADDRESS ☐ Change ☐ Addition

28. CITY - ST - ZIP ☐ Change ☐ Addition

29. TITLE ☐ Change ☐ Addition

30. NAME ☐ Change ☐ Addition

31. STREET ADDRESS ☐ Change ☐ Addition

32. CITY - ST - ZIP ☐ Change ☐ Addition

33. TITLE ☐ Change ☐ Addition

34. NAME ☐ Change ☐ Addition

35. STREET ADDRESS ☐ Change ☐ Addition

36. CITY - ST - ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual reports 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 registered agent or authorized employee 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.

CR2E034 (12/95)