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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

101

Principal Place o	OMMUNICATIONS, INCORPORT	ORATED  Mading Address					
200 SE SEVILLE ST		200 SE SEVILLE ST					
STUART FL 3	4994	STUART FL 34994			3. Date incorporated or Qualified 02/08/1982	3a. Date of Last R 02/10/19	•
Principa' Pla	on of Business	2a. Mailing Address			4. FEI Number	· · · · · · · · · · · · · · · · · · ·	Applied For
		26			59-2166519		Not Applicable
State, Apt. #	, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired		Additional Required
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	<b>\$5.0</b>	May Be
Ζψ.	Country 25	Z <sub>I</sub> p	Countr	Country 8. This corporation has liability for intangible tax under s			
	9. Name and Address of Current	and the same of th		.,	10. Name and Address of New R		
			8	1 Name			
JOY, KATHLEEN F 2052 SW RACQUETCLUB DRIVE PALM CITY FL 33490			8:	2 Street Addr	ess (P.O. Box Number is Not Acceptab	le)	
			8	3			
			8	4 City		<b>85</b> Zi	p Code
Forsount to	the provisions of Sections 607 0502	aud 607 1508 Florida Statur	tes the above	named comor	ation submits this statement for the pur	pose of changing its	egistered offic
ignature 2.	Squativa Typest or percent recent drage lend agent and till a flagglicable (NOII)  OF FICERS AND DIRECTORS		Olt Registered Ag	ent signature require	d when renstaing:  ADDITIONS/CHANGES TO OFF	DATE	DRS IN 12
.: 1	PD	DELETE	1 1 1/1(	F		Change	Addition
V!	JOY, KATHLEEN F	_	1.2 NAM	F			
e ELLABÉ BEUS	2052 SW RACQUET CLUB DI PALM CITY, FL 00000	₹	1.3 STRE	ET ADDRESS			
n - ST-ZiP							
r i	VP .	☐ ] DELETE	14 CITY 2 1 TITU	-ST-ZIP		Change	Addition
	VP JOY, CHARLES S.	□ DECELE		-ST-ZIP E		☐ Change	Addition
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14. Let 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)(k), Florida Statutes. I further craftly 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 call; 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 Birck. 13 if changed, or on an artist them an address.

6 4 CITY - ST - ZIP

SIGNATURE:

CHY 87-70

SIGNING OFFICER OR DIRECTOR