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

**PROFIT** CORPORATION ANNUAL REPORT FLORIDA DEPARTMENT OF STATE Katherine Harris

1999

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Jul 22, 1999 8:00 am Secretary of State

07-22-1999 90006 040 \*\*\*550.00

DOCUN 1. Corporation	MENT# F930	ano	5523	$\checkmark$		) (####################################	ESI 1284 SIBI 1531		ŧ	
TEST C	OMMUNICATIONS GRO	UP, I	NC.							
Principal Place	of Business	Mailing Add				* 5 593484 - 9000	06 - 40		J	
37 TAF	T AVENUE		FT AVEN			\				
NEWBURGH, NY 12550 NEWBURGH, NY 12					550	DO NOT WRIT	E IN THIS SPACE	=		
	•					3. Date Incorporated or Qualifie		-		1
						12/06/93				ļ
2. Principal I	Place of Business	2a. Mailing	Address			4. FEI Number		Appl	ied For	]
21		26				14-1756850			Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Addi		
22		27						equired		1
City & State		City & State			•	6. Election Campaign Financin		<b>()</b> May		
23		28				Trust Fund Contribution  8. This corporation owes the cu				1
Zip	Country	Zip	30	Country	<i>y</i>	Property Tax.	Yes	X		
24	25	29		<u>'1</u>		10. Name and Address of New	<del></del>			ł
	9. Name and Address of Current I	registered A	gent	81	Name	To. Hame and Addition of Non			··	1
						•				1
DIGIOR:	E, PHIL		•	82	Street Addr	ess (P.O. Box Number is Not Accept	ptable)			
13086 SW 132ND COURT										1
MIAMI, FL 33186										1
MIAMI,	FH 33100			84	City		FL 85	Zip Coo	de	
	to the provisions of Sections 607.0502 office or registered agent, or both, in t	ho State of F	iorida Such cha	ange was	aumonzeo d	vine corporation's board of directo	for the purpose ors. I hereby accep	f changi t the ap	ing its pointment	
as registe	red agent. I am familiar with, and acce	pt the obligat	ions of, Section	607.0505	s, Florida Sta	tutes.				
SIGNATURE	•	d and side	le if applicable	(NOTE	· Denistered A	gent signature required when reinstating	n) DATE		<del></del>	8
12.	Signature, typed or printed name of registere OFFICERS AND DIF		e ii applicable.	13.	. rtogiotarou ri	ADDITIONS/CHANGES TO OFFI	CERS AND DIRE	CTORS	IN 12	(11/98)
	P	,	DELETE	1.1 TITLE			C	hange	Addition	
TITLE	HANDLEY, RUSSELL	J.		1.2 NAME			_		<del>_</del>	34
NAME STREET ADDRESS	TO COLOUR DONO			ET ADDRESS						
CITY - ST - ZIP	WALDEN, NY 12586	•		1.4 CITY	- ST - ZIP					R2E034
TITLE	D		DELETE	2.1 TITLE			c	hange [	Addition	
NAME	DIGIORE, PHIL			2.2 NAME		•				
STREET ADDRESS	13086 SW 132ND C	OURT		2.3 STRE	ET ADDRESS					
CITY - ST - ZIP	MIAMI, FL 33186			2.4 CITY	- ST - ZIP					_
TITLE	•		DELETE	3.1 TITLE			c	hange	Addition	
NAME .				32 NAME		ا معید			بلد ند ل	ł
STREET ADDRESS				3.3 STRE	ET ADDRESS					
CITY - ST - ZIP				3.4 CITY	ST - ZIP		-			-
TITLE	-		DELETE	4.1 TITLE			[]C	hange	Addition	
NAME				4.2 NAME						
STREET ADDRESS				4.3 STRE	ET ADDRESS					
CITY - ST - ZIP				4.4 CITY	- ST - ZIP				<u> </u>	-
TITLE			DELETE	5.1 TITLE			∐c:	nange [	Addition	-
NAME '				5.2 NAME						1
STREET ADDRESS					ET ADDRESS	•	•			١.
-CITY - ST - ZIP				5.4 CITY	- ST - ZIP				r 7.	┤ ′
TITLE	,		DELETE	6.1 TITLE			[]c	hange	Addition	1
NAME				6.2 NAME						İ
STREET ADDRESS				6.3 STRE	ET ADDRESS					1

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 607, 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.

6.4 CITY - ST - ZIP

SIGN	ATU	RE:
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CITY - ST - ZIP