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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9400001807

Country

LADY LAKE FL 32159

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Zip

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

D J COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address	
1614 PERBLE BEACH LANE	1614 PEBBLE BEACH LANE	

LADY LAKE FL 32159

Suite, Apt. #, etc.

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## May 06, 1999 8:00 am Secretary of State

05-06-1999 90109 025 \*\*\*150.00

	<b>     </b>
DO NOT WRITE I	N THIS SPACE
3. Date Incorporated or Qualifed	
04/08/1994	
4. FEI Number	Applied For
59-3236275	Not Applicable
5. Certifcate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<ol> <li>This corporation owes the current y Personal Property Tax.</li> </ol>	/ear Intangible ☐ Yes ☐ No

25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name DEPAOLA, KENNETH T 82 Street Address (P.O. Box Number is Not Acceptable) 1614 PEBBLE BEACH LANE LADY LAKE FL 32159 83 84 City 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 egistered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 ☐ Addition ☐ DELETE 1.1 TITLE ☐ Change TITLE PDC DEPAOLA, KENNETH T 12 NAME NAME 1614 PEBBLE BEACH LANE 1.3 STREET ADDRESS STREET ADDRESS LADY LAKE FL 32159 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADORESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE [ ] Change ☐ Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

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 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

□ DELETE

☐ Change

☐ Addition

CR2E034 (11/98)