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FILED

Jan 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000005997 (1)

1. Corporation Name

ASSOCIATED COMMUNICATIONS OF FLORIDA INC.



Principal Place of Business

200 GATEWAY TOWERS
PITTSBURGH PA 15222

Mailing Address

200 GATEWAY TOWERS
PITTSBURGH PA 15222

3. Date Incorporated or Qualified

11/21/1994

3a. Date of Last Report

06/27/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

51-0260858

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

BERKMAN, MONROE
ENTERPRISE PLAZA
201 E. KENNEDY BLVD, SUITE 1400
TAMPA FL 33602

10. Name and Address of New Registered Agent

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BERKMAN, MYLES P	
STREET ADDRESS	200 GATEWAY TOWERS	
CITY - ST - ZIP	PITTSBURGH PA 15222	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BERKMAN, DAVID J	
STREET ADDRESS	3 BALA PLAZA EAST #502, MONUMENT & PRESIDENT	
CITY - ST - ZIP	BALA CYNWYD PA 19004	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	HARTMAN, KEITH C	
STREET ADDRESS	200 GATEWAY TOWERS	
CITY - ST - ZIP	PITTSBURGH PA 15222	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BERKMAN, MYLES P	
STREET ADDRESS	200 GATEWAY TOWERS	
CITY - ST - ZIP	PITTSBURGH PA 15222	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, DONALD H	
STREET ADDRESS	200 GATEWAY TOWERS	
CITY - ST - ZIP	PITTSBURGH PA 15222	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KATARINCIC, JOSEPH A	
STREET ADDRESS	ONE OXFORD CENTER, 32ND FLOOR	
CITY - ST - ZIP	PITTSBURGH PA 15219	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/97

Date

Daytime Phone #

0612344

CR2E034 (9/96)