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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9600004150 (6)

U.S. REPUBLIC COMMUNICATIONS, INC.

Principal Place of Business Mailing Address
4800 \$UGAR GROVE BLVD.. SUITE 410 4800 SUGAR GROVE BLVD.. SUITE 410

FILED Apr 25 1997 8:00am Secretary of State



4800 SUGAR GROVE BLVD SUITE 410 STAFFORD TX 77477			4800 SUGAR GROVE BLVD SUITE 410 STAFFORD TX 77477-2632				
					3. Date Incorporated or Qualified 08/14/1996	3a. Date of Last R	eport
2. Principal Pla	ace of Business	2a. Mailing Address		***************************************	4. FEI Number	Ap	plied For
21		26			75-2654939	No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			6 Floation Compaign Financing		·
23		28]			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added 1	o Fees
Zip	Country	Zφ	Country		8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30			Yes 🗶 No	
	9. Name and Address of Curre	ent Registered Agent	81	T Alexander	10. Name and Address of New Reg	Jistered Agent	
	CORPORATION SYSTEM			Name			
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			82	Street Add	dress (P.O. Box Number is Not Acceptable	e)	
,,,,,			83				
			84	City		FL 85 Zip	Code
l office or re	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m tamiliar with, and accept the obli	te of Florida. Such change was	authorized b	y the corpora	rporation submits this statement for the patient's board of directors. I hereby accep	rnose of changing it	s registered registered
SIGNATURE	Signature typed or printed name of repistered a	count and Atle it smoke able (NC)	ill. Respectored A	 rent Signature fem	uited when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		S IN 12
TITLE	PTD	DELETE	1.1 TOLE	P	D	Change	Addition
NAME	REMY, T G		1,2 NAME				[:
STREET ADDRESS 4800 SUGAR GROVE BLVD., SUITE 410		1.3 STREE	1 ADDRESS			li li	
CITY-ST-ZIP	STAFFORD TX 77477		1.4 CITY -	\$1 - ZIP			;
TITLE	DV	☐ DELETE	2.1 TITLE			Change	Addition
NAME	MITCHELL, A J JR		2.2 NAM6				
STREET ADDRESS	3200 W PLEASANT RUN RD		2.3 STREE	LADDRESS			
CITY-ST-ZIP	LANCASTER TX 75146		2. 4 CITY	51 - ZIP			
TITLE	SD	☐ DELFTE	3.1 1ITLE			Change	Addition
NAME	HOFFMAN, MICHAEL G		3.2 NAME				
STREET ADDRESS	3200 W PLEASANT RUN RD		3.9 STRE	LADDRESS			
CITY-ST-ZIP	LANCASTER TX 75146		34, CITY	ST-ZIP			
TITLE		☐ DELETE	4 1 11/11 E		f r	☐ Change	X Addition
NAME			4. 2 NAM		JOHNSON, TOM D		
STREET ADDRESS			4.3 STRE		4800 SUGAR GROVE BLVD.	, SUITE 410	
CITY-ST-ZIP			4.4 CITY	ST-ZIP	STAFFORD, TEXAS 77477		
TITLE		DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAMI				.
STREET ADDRESS			5.3 STRE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY	\$1-202			
TITLE		☐ DETELE	6.1 1111.6			Change	Addition
NAME 1			6.2 NAMI				
] ········			0.2 10.141	l			I
STREET ADDRESS				1 ADDRESS			

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 amount report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 Rlock 13 if changed, or on an attachment with an address.

IONATION WILL WITH

(070) 074 7700