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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## POCUMENT # F97000002480 (8)

SUNBELL COMMUNICATIONS, INC.

## **FILED** May 08 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing Add	iress	••		1 INDIVIDURE AND INCH	19411 SALII 80111 ABIII 80111	***************************************	
14412 PABLO BAY DR. 14412 PABLO BAY DR.									
* AACKSONVIL	LE FL 32224	JACKSONV	11LLE FL 32224			,	OO NOT WRITE IN TH	IS SDACE	
***						3. Date Incorporate		S SPACE	
*17*						05/09/1997	d of Guainled		
9. Principal P	lace of Business	2a. Mailing	Address			4. FEI Number		Δ	pplied For
21	Too or Doom Bot	26	100.000				143995	<del>  </del>	lot Applicable
Sulte, Apt.	#, etc.	Suite, Ar	ot. #, etc.						Additional
12		27				5. Certificate of Stat	us Desired		lequired
City & Stat	ė	City & St	ale			6. Election Campaig	n Financino	\$5.00	May Be
13		28				Trust Fund Contri			to Fees
Zip	Country	Zip	T	Country	/	8. This corporation	owes or has paid the	current year Ir	ntangible
M	26	29	ſ	30			/ Tax due June 30.	Yes [	<b>⊿</b> No
	9. Name and Address of Curr	ent Registered Age	ent			10. Name and Addre	ess of New Registers	d Agent	
	RUBER, RAYMOND M M			81	Name				
	412 PABLO BAY DR.			82	Street Add	dress (P.O. Box Number is	s Not Accentable)	<del></del>	
and the second second	CKSONVILLE FL 32224			**	Juest Add	ALDOO (F.O. DOX NUMBER IS	2 HOL MODERANIA)		
3.1				83					
• 5									
## 				84	City		F	<b>85</b> Zip	Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607,1508. I	Florida Statute	s, the abov	e-named cor	rporation submits this stat	ement for the purpose	of changing	its registered
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	ate of Florida. Such o	change was a	uthorized b	y the corpora	ation's board of directors.	I hereby accept the a	ppointment a	s registered
	in raminar with, and accept the bor	ngations of, Section	607.U5U5, FIOI	nua Statute	<b>S</b> .				
SIGNATURE	Signature, typed or printed name of reputered in	egent and little if englicable	(NOTE:	Beolstered An	ent signature regul	Jired when rainstating)	DATE		<del></del>
12.		ND DIRECTORS	,,,,,	13.			GES TO OFFICERS A		RS IN 12
TITLE	PTOC		DELETE	1.1 TITLE				Change	Addition
NAME	GRUBER, RAYMOND M IN			1.2 NAME				•	
STREET ADDRESS	14412 PABLO BAY DR.				ADORESS				
CITY-ST-21P	JACKSONVILLE FL 32224			1.4 CITY-5					
MILE	VSDC		DELETE	2.1 TITLE	71-611	·		Change	☐ Addition
NAME .	PENSO, ANGELINA	_		2.2 NAME	1				
STREET ADDRESS	14412 PABLO BAY DR.			2.3 STREET	ADODECC				
CITY+ST-ZIP	JACKSONVILLE FL 32224			2 4 CITY -					
TITLE	0.10.10.011.10.00.10.10.00.00.10.10.00.0		DELETE	3.1 TITLE	51-2IP			☐ Change	Addition
WAE		•-	7 2446.4	3.2 NAME	1				
STREET ADDRESS				3.3 STREET	}				
CITY-ST-ZIP			DELETE	3.4. CITY- 4.1 TITLE	ST-ZIP			Change	Addition
:			" Officia					[] Ullalige	
NAME				4. 2 NAME					İ
ETREET ADORESS				4.3 STREET	· ]				
C/TY-ST-ZIP			DELETE	4.4 CITY - S	T · ZIP			Change	Addition
TITLE		Ŀ	_ OCCUP	5.1 TITLE				∟, ∪nange	L AGORION
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREET					
CATY-ST-ZIP			7 65:	5.4 CITY - S	1-21P				
TITLE		L	DELETE	6.1 TITLE				Change	Addition
NAME				6.2 NAME					•
STREET ADDRESS				6.3 STREET	ADDRESS				
CITY-ST-ZIP				6.4 City-S	T-ZIP				

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.