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Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90019 011 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F98000002901**

1. Corporation Name
COMMUNIGROUP, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business P.O. BOX 940 JACKSON MS 39205	Mailing Address P.O. BOX 940 JACKSON MS 39205
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3. Date Incorporated or Qualified 05/21/1998	4. FEI Number 64-0658910	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD CHAFIN, ROBERT	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	133 ISLE OF VENICE APT #2	1.2 NAME	President
STREET ADDRESS	FT LAUDERDALE FL	1.3 STREET ADDRESS	Christopher Chelette
CITY-ST-ZIP		1.4 CITY-ST-ZIP	700 S West St
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOFFAT, JAMES	2.2 NAME	
STREET ADDRESS	700 S WEST ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS	2.4 CITY-ST-ZIP	
TITLE	VSTD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAIL, JOSEPH	3.2 NAME	
STREET ADDRESS	27 S SECOND ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	BAY SPRINGS MS	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAIL, NANCY W	4.2 NAME	
STREET ADDRESS	27 S SECOND ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	BAY SPRINGS MS	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAIL, BRANDI S	5.2 NAME	
STREET ADDRESS	27 S SECOND ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	BAY SPRINGS MS	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK, WALTER	6.2 NAME	
STREET ADDRESS	4565 CATHEDRAL DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	6.4 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.

SIGNATURE: James H.C. Moffat (James Moffat) 5/26/99 601.353.9118
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)