

FILED
Jul 02 1998 8:00am
Secretary of State

DOCUMENT # G89279 (5)
1. Corporation Name
COMMUNICATIONS ANALYSTS, INC.

| Principal Place of Business | Mailing Address |
|--|--|
| 201 S. BISCAYNE BLVD. 1500 MIAMI CENTER BLDG. MIAMI FL 33131 | 201 S. BISCAYNE BLVD. 1500 MIAMI CENTER BLDG. MIAMI FL 33131 |

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|--|--|---|--|
| 1. Principal Place of Business Suite, Apt. #, etc. 261 NAVARRE AVE. #102 City & State CORAL GABLES, FL Zip Country 33134 DADE | | 2a. Mailing Address Suite, Apt. #, etc. 261 NAVARRE AVE. #102 City & State CORAL GABLES, FL Zip Country 33134 DADE | | 3. Date Incorporated or Qualified 03/05/1984 | |
| 21 | | 26 | | 4. FEI Number 59-2398076 | |
| 23 | | 28 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 24 | | 29 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 25 | | 30 | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 26 | | 31 | | 10. Name and Address of New Registered Agent | |

| | | |
|---|---|-----------------------|
| CHOWNING, JOHN S. 201 S. BISCAYNE BLVD. 1500 MIAMI CENTER BLDG. MIAMI FL 33131 | 81 Name | |
| | 82 Street Address (P.O. Box Number is Not Acceptable) | 261 NAVARRE AVE. #102 |
| | 83 | |
| | 84 City | CORAL GABLES |
| | 85 Zip Code | 33134 |

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 | | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|----------------------------|------|--|
| TITLE | NAME | ADDITION |

| | |
|----------------|------------------------|
| TITLE | DP |
| NAME | CHOWNING, JOHN S. |
| STREET ADDRESS | 281 NAVARRE AVE., #102 |
| CITY-ST- ZIP | CORAL GABLES FL |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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|-----------------|--|
| TITLE | |
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| STREET ADDRESS | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | 1 |
| CITY-ST-ZIP | |

| | |
|-----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

THIS CORPORATION CEASED OPERATIONS
IN 1986. IT IS AN INACTIVE ENTITY
WITH NO ASSETS OR ACTIVITY OF ANY
KIND; IT HAS BEEN KEPT ALIVE AS A SHELL
TO RETAIN THE NAME AND FOR POSSIBLE
ACTIVE USE IN THE FUTURE.

SWORN TO THIS 22nd day of
June, 1998 John S. Chowning
JOHN S. CHOWNING

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.

CR2E034 (10/97)