


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

FILED

May 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H60010** (6)  
1. Corporation Name  
**CENTRAL FLORIDA COMMUNICATIONS OF HIGHLANDS COUN  
TY, INC.**

Principal Place of Business <b>642 S. COMMERCE AVENUE SEBRING FL 33870 US</b>	Mailing Address <b>642 S. COMMERCE AVENUE SEBRING FL 33870-3809 US</b>
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3. Date Incorporated or Qualified <b>06/03/1985</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2545048</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>1107 WEIGLE AVE</b> Suite, Apt. #, etc. 22 City & State 23 <b>SEBRING FL</b> Zip 24 <b>33870</b> 25 <b>USA</b>	2a. Mailing Address 26 <b>1107 WEIGLE AVE</b> Suite, Apt. #, etc. 27 City & State 28 <b>SEBRING FL</b> Zip 29 <b>33870</b> 30 <b>USA</b>
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9. Name and Address of Current Registered Agent <b>NEAL, ROBERT D. 1021 WEIGLE AVE. SEBRING FL 33870</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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	PD NEAL, ROBERT D. 1021 WEIGLE AVE. SEBRING FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEAL, ROBERT D.	1.2 NAME	
STREET ADDRESS	1021 WEIGLE AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	1.4 CITY-ST-ZIP	
TITLE	STD NEAL, SHIRLEY V. 1021 WEIGLE AVE. SEBRING FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEAL, SHIRLEY V.	2.2 NAME	
STREET ADDRESS	1021 WEIGLE AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	2.4 CITY-ST-ZIP	
TITLE	D NEAL, DOUGLAS J. 4047/145TH ST N.E. BELLEVUE WA	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEAL, DOUGLAS J.	3.2 NAME	
STREET ADDRESS	4047/145TH ST N.E.	3.3 STREET ADDRESS	<b>7514 12th Ave N.E.</b>
CITY-ST-ZIP	BELLEVUE WA	3.4 CITY-ST-ZIP	<b>LACEY, WA 98506</b>
TITLE	D NEAL, ANTHONY E. 3760 NW 115TH WAY APT 10 CORAL SPRINGS FL	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEAL, ANTHONY E.	4.2 NAME	
STREET ADDRESS	3760 NW 115TH WAY APT 10	4.3 STREET ADDRESS	<b>11200 N.W. 39th ST. APT. B</b>
CITY-ST-ZIP	CORAL SPRINGS FL	4.4 CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33065</b>
TITLE	D NEAL, VICTORIA B. 3404 BISHOP PARK DRIVE #832 WINTER SPRINGS FL	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEAL, VICTORIA B.	5.2 NAME	
STREET ADDRESS	3404 BISHOP PARK DRIVE #832	5.3 STREET ADDRESS	<b>8020 LLANO AVE</b>
CITY-ST-ZIP	WINTER SPRINGS FL	5.4 CITY-ST-ZIP	<b>FT. WORTH, TX 76116</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

4-27-97 941-385-3309  
Date Daytime Phone #

0390726

CR2E034 (9/96)