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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

M. & R. COMMUNICATIONS, INC.

FILED May 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								
	321 S.W. 541		9021 S.W. 54TH PLACE					
COOPER CITY FL			COOPER CITY FL				DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualified	٦
							10/30/1985	-
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For	╛
21			26				59-2635425 Not Applicable	₃
Suite, Apt. #, etc.			Suite, Apt #, etc.				5. Certificate of Status Desired \$8.75 Additional	1
22			27				Fee Required	╛
	City & State	<u> </u>					6. Election Campaign Financing \$5.00 May Be	ŀ
23			28				Trust Fund Contribution	4
_	Zip	Country Zip Cou			iry		8. This corporation owes or has paid the current year Inlangible	-
24		[25]	29 30				Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	┦
		9. Name and Address of Currer	nt Hegistered Agent		1 1	lame	10. Name and Address of New Registered Agent	┥
		NDERSON, GLENN C.		l°	" "	Name	<u>.</u>]
7200 Gri ffin Road Davie FL 33314				8	2 S	Street Addres	ss (P.O. Box Number is Not Acceptable)	
				8	13		,	\dashv
					14 C	City	■ 85 Zip Code	4
				i		•	FL `	
11	 Pursuant to office or re agent. I as 	to the provisions of Sections 607.050 egistered agent, or both in the State in familiar with, and accept the oblig)2 and 607.1508, Florida Statutes of Horida Such change was au ations of, Section 607.0505, Flori	s, the abo ithorized ida Statut	ove-na by thates.	amed corpo e corporatio	ration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	
Si	GNATURE	Signature, typed or pointed naree of registered age	of and tale if applicable (NOTE	Registered A	Agent s	ignature required	d wher reinstating) DATE	
12	OFFICERS AND			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TIT		PT	☐ DELE t e	11 TITLE	E		Change Additio	٦
NAI	ME	HIMPELE, ROSEANNE		1.2 NAM	1.2 NAME			
STF	TREET ADDRESS 9321 54TH PLACE			1.3 STAE	1.3 STREET ADDRESS			
CIT	Y-ST-ZIP	COOPER CITY FL		1.4 CITY-ST-ZIP		IP		╛
TIT	LE	VS	☐ DELETE	2.1 TITL	2.1 TITLE		Change Additio	n.
NAI	HIMPELE, MICHAEL 9321 S.W. 54TH PLACE			2.2 NAM	2.2 NAME		•	
STF			2.33		2.3 STREET ADDRESS			
ÇIT	Y-ST-ZIP	COOPER CITY FL		2. 4 CIT	/- ST-2	ZIP		_
TIT	LE.		☐ DELETE	3.1 TITLI	3.1 TITLE		Change Additio	n
NA	NAME			3.2 NAM	IE			
STE	STREET ADDRESS			3.3 STREET ADDRESS		DRESS		
CIT	CITY-ST-ZIP			3.4. CITY-ST-ZIP		ZIP		\perp
TIT	TILE		☐ DELETE				Change Additio	1
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREET ADDRESS				
	CITY-ST-ZIP		Frette	4.4 CITY-ST-ZIP		IP	Change Additio	\dashv
TITLE			DELETE	5.1 TITLE		ļ	Change L. Adulto	1
NAME				. 5.2 NAME				
STREET ADDRESS				5.3 STREET ADDRESS		1		
CITY-ST-ZIP			DELETE	5.4 CITY-ST-ZIP		IP	Change Additio	ᅱ
TITLE			DELETE	6.1 TITLE			L_i Citatige L_1 Addition	'
NA				6.2 NAM				
ST	reet address			6.3 STR				
CITY-ST-ZIP			20 10 10 10 10 10	6.4 CITY-S1-ZIP			Parties 410 07/9/// Elevide Statutes I further partify that the information	4

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatio 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 trusted 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 an attrachment with an address.

954-484-2706