**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # H88231

í	SLINE COMMUNICATIONS, IN	NC.			
Principal Plac	ce of Business	Mailing Address		<u> </u>	i 81811 81811 81811 81811 81811 81811 1881
% EDWARD J.	•	% EDWARD J. BERLINER			
2406 FLAMING		2406 FLAMINGO LANE	0.4350	20 1107 110775 11	
FI. LAUDEKUA	ALE FL 33312-4756	FT. LAUDERDALE FL 3331	2-4/56	DO NOT WRITE IN  3. Date Incorporated or Qualifed	THIS SPACE
		•		12/04/1985	* , ,
2. Principal F	Place of Business	2a. Mailing Address	<del></del>	4. FEI Number	Applied For
21		26		65-0189930	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
City & Star	te .	City & State	<del></del>	<u> </u>	Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current ye	
24	25	29	30	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Regist	tered Agent
BER	LINER, EDWARD J.		81 Name		
	6 FLAMINGO LANE	*	82 Street Add	ress (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·
FOR	RT LAUDERDALE FL 33312		83	· · · · · · · · · · · · · · · · · · ·	
		•	04 (2)	1 - 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3	
er straine set e	Service Service	to The second of the second	84 City		FL 85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607.0502	and 607.1508, Florida Statute f Florida, Such change was a	es, the above-named corp	oration submits this statement for the purpoon's board of directors. I hereby accept the	ose of changing its registered
agent. 1 a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flo	rida Statutes.	and total of an octoics the copy accops and	appeniation do registered
SIGNATURE	Signature typed or printed game of registered agent				. 1
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE	: Registered Agent skynature require		ATE .
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent skynature require	d when reinstating) \(\frac{1}{2}\) \(\frac{1}\) \(\frac{1}{2}\) \(\frac{1}{2}	ATE .
12.	Signature, typed or printed name of registered agent.  OFFICERS AND  DP  BERLINER, EDWARD J.	and title if applicable. (NOTE ) DIRECTORS	: Registered Agent skinature require	d when reinstating)	RS AND DIRECTORS IN 12
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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 on on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-\$T-ZIP

1-12-99

**FILED** 

Feb 06, 1999 8:00am

**Secretary of State** 

02-06-1999 90001 031 \*\*\*150.00