## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

J30470

(5)

DOCUMENT #
1. Corporation Name

ADVANCED COMMUNICATIONS MANAGEMENT, INC.

Principal Place of Business Mailing Address				1 1892/10 B180 3(0)( B181) LU	811 9814 91811 81 <del>8</del> 41 81816 91861 81816 81834 1881	
10069 N FLORIDA AVE SUITE B-2 TAMPA FL 33612		PO BOX 17758	PO BOX 17758 TAMPA FL 33682-758			
US					3. Date Incorporated or Qualified 08/26/1986	3a. Date of Last Report 05/01/1995
2. Principal Place	ce of Business	2a. Mailing Address			4. FEI Number 59-2814124	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		AL ALL THE RESIDENCE OF THE STATE OF THE STA	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip   29	Coul	ntry	8. This corporation has liability for Florida Statutes	intangible tax under s 199.032,
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New F	Registered Agent
				81 Name		
CHMIELEWSKI, JACK 1913 MARVY AVENUE				82 Street	Address (P.O. Box Number is Not Acceptal	ole)
	FL 33612			83		
			-	<b>84</b> City		85 Zip Code
						FL
or registere familiar with SIGNATURE	on the provisions of Sections 607,050 diagent, or both, in the State of Floring, and accept the obligations of, Sections of Sections of Sections of Sections of Sections of Provisional Inc.	ida. Such change was authorization 607.0505, Florida Statutes	red by the c s.	orporation's	orporation submits this statement for the pu s board of directors. I hereby accept the app	rpose of changing its registered office pointment as registered agent. I am
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTORS IN 12
TITLE	VSD	☐ DELETE	1. 1 Ti	TLE		Change Addition
NAME	CHMIELEWSKI, JACK		1.2 NA	ME		
STREET ADDRESS	1913 MARVY AVENUE		1.3 SI	REET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33612		1.4 CI	ry-ST-ZIP		
TITLE	PD	DELETE	2. 1 To	TLE		Change Addition
NAME	CHMIELEWSKI, JACK		2.2 NA	ME		
STREET ADDRESS	1913 MARVY AVE		2.3 \$1	REET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2 4 CI	IY-ST-ZIP		
TITLE	CD	☐ DELETE	3 1 7	TLE		Change Addition
NAME	TAYLOR, JANICE		3 2 N/	ME		
STREET ADDRESS	1913 MARVY AVE		3.3. S	FREET ADDRESS	· <b> </b>	
CITY-ST-ZIP	TAMPA FL	····-	3.4 C	TY-ST-7IP		
TITLE		☐ DELETE	4. 1 T	TLE		Change Addition
NAME			4 2 N	ME		
STREET ADDRESS			4351	REET ADDRESS		
CITY - ST - ZIP				TY-ST-ZIP		
TITLE		DELETE	5 1 T			Change Addition
NAME			52 N/	ME		
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP		F3 pr		TY-ST-ZIP		F3 01
TITLE		☐ DELETE	6.17			Change Addition
NAME			62 N			j
STREET ADDRESS			6.3 \$1	REET ADDRESS		
CITY-ST-ZIP			6.4 CI	TY-ST-ZIP	1	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 emowered 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 attrictment with an address?

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/96 (813)932-2619

CR2E034 (12/95)