

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

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J88551** (3)

1. Corporation Name
COMMUNIQUE COMPANY



Principal Place of Business: **7135 TANGLEWOOD DRIVE NEW PORT RICHEY FL 34654**
Mailing Address: **7135 TANGLEWOOD DRIVE NEW PORT RICHEY FL 34654**

3. Date Incorporated or Qualified: **08/19/1987**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2835784**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent

**DORR, STEVE
7135 TANGLEWOOD DRIVE
NEW PORT RICHEY FL 34654**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 or director, if applicable

Date, typed or printed name of registered agent or director, if applicable

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DORR, STEVE 7135 TANGLEWOOD DRIVE NEW PORT RICHEY FL <input type="checkbox"/> DELETE	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DORR, MARY A. 7135 TANGLEWOOD DRIVE NEW PORT RICHEY FL <input type="checkbox"/> DELETE	5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AZELTINE, JOHN H. 2916 DEER RUN S. CLEARWATER FL <input type="checkbox"/> DELETE	9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AZELTINE, BARBARA J. 2916 DEER RUN S. CLEARWATER FL <input type="checkbox"/> DELETE	13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY-ST-ZIP

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 19.07(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 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: *Mary A. Dorr* (MARY A. DORR)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96 813-787-8000
Date File Phone #

CR2E034 (12/95)