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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State
DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED Mar 23 1998 8:00am Secretary of State

DOCUMENT # K00695 (2) RETAINED COMMUNICATIONS, INC.					11
Principal Place	of Business	Mailing Address		{ 10610111 911 00171 40710 67175 74107 0111 11071 411	AL DEBLE DARFE BLUID DEVAL 1984
531 MAIN ST		531 MAIN ST			
A		A A			
SAFETY HARB	OR FL 34695	SAFETY HARBOR FL 3469	5	DO NOT WRITE IN THIS	SPACE
US		US		3. Date Incorporated or Qualified	
2. Principal Pi	ace of Business	2a. Mailing Address		11/02/1987 4. FEI Number	Applied For
21		26		59-2865187	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campalgn Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24	9. Name and Address of Curren		30	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
	OK, JOHN J.	i ilogioloro Agolii	81 Name	to, tranto and Address of from Registers	- Agent
531 MAIN ST			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
SAFETY HARBOR FL 34695			83		
071 E11 14 11 E 01000			04 00		
			84 City	Fi	2ip Code
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	Signature, typed or printed name of registered age	rit and little if applicable (NOTE:	Registered Agent signature re	equired when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	COOK, JOHN J.		1.2 NAME		
STREET ADDRESS	3455 COUNTRYSIDE BL 106		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	DELETE	1.4 CITY - ST - ZIP		Change Addition
TITLE NAME	D D	☐ VELETE	2.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS	COOK, JOHN L. 1521 KINGLET DR.		2.2 NAME		
CITY-ST-ZIP	PUNTA GORDA FL		2.3 STREET ADORESS 2.4 CITY - ST - ZIP		
TITLE	TOTTA GOTEATE	DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY+ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DETELE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		·
CITY-ST-ZIP		TI DELETE	5.4 CITY-ST-ZIP		Change Ladder
TITLE		☐ DELETE	6.1 TITLE	•	Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 City-St-ZiP		

14. I hereby certify that the information supplied with this fill g'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 of 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 trutee empoyered 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.

110/98

SIGNATURE:

CR2E034 (10/