

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 03, 1999 8:00 am
Secretary of State

08-03-1999 90010 048 ***550.00

**PROFIT
CORPORATION
ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # K10002

1. Corporation Name

PANAMA CITY COMMUNICATIONS, INC.

Principal Place of Business

**12800 UNIVERSITY DRIVE
SUITE 500
FT. MYERS FL 33907**

Mailing Address

**12800 UNIVERSITY DRIVE
SUITE 500
FT. MYERS FL 33907**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1987

4. FEI Number

59-2863688

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 PARK 80 WEST

Suite, Apt. #, etc.

22 PLAZA II

City & State

23 SADDLE BROOK NJ

Zip

24 07663

Country

25 USA

2a. Mailing Address

26 PARK 80 WEST

Suite, Apt. #, etc.

27 PLAZA II

City & State

28 SADDLE BROOK NJ

Zip

29 07663

Country

30 USA

9. Name and Address of Current Registered Agent

**MEEHAN, K. PATRICK
12800 UNIVERSITY DRIVE
SUITE 500
FT. MYERS FL 33907**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

C/O HOLLAND & KNIGHT LLP

83

400 NORTH ASHLEY DRIVE SUITE 2300 ROSELAND

84 City

TAMPA

FL

85 Zip Code

33802

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **PRICE, R**

STREET ADDRESS **45 ROCKEFELLER PLAZA, STE 3201**

CITY-ST-ZIP **NY NY 10020**

TITLE **PCEO** ☒ DELETE

NAME **WISEHART, M. WAYNE**

STREET ADDRESS **12800 UNIVERSITY DR, #500**

CITY-ST-ZIP **FT. MYERS FL**

TITLE **VPT** ☒ DELETE

NAME **GREEN, J L**

STREET ADDRESS **12800 UNIV DR, STE 500**

CITY-ST-ZIP **FT MYERS FL 33907**

TITLE **S** ☐ DELETE

NAME **MEEHAN, K. PATRICK**

STREET ADDRESS **12800 UNIVERSITY DR, #500**

CITY-ST-ZIP **FT. MYERS FL**

TITLE **C** ☒ DELETE

NAME **RYAN, WILLIAM J.**

STREET ADDRESS **12800 UNIVERSITY DR, #500**

CITY-ST-ZIP **FT. MYERS FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **CFO**

2.3 STREET ADDRESS **PRESSMAN, KIM**

2.4 CITY-ST-ZIP **PARK 80 WEST PLAZA II**

SADDLE BROOK NJ 07663

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **CONTROLLER**

3.3 STREET ADDRESS **WASSERMAN, MICHAEL**

3.4 CITY-ST-ZIP **PARK 80 WEST PLAZA II**

SADDLE BROOK NJ 07663

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **SEE ADDRESS ABOVE**

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, or on an attachment with an address.

SIGNATURE:

Michael Wasserman **7/27/99** **201-226-4702**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)