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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K11492

PRIORITY COMMUNICATIONS, INC.

Principal Place of Business Mailing Address

FILED Jan 29, 1999 8:00am Secretary of State

01-29-1999 90013 036 ***150.00



Principal Place of Business		Mailing Address								
STE	9 W PALMETTO PARK ROAD 5 405 CA RATON FL 33486	1499 W PALMETTO PARK RD STE 405 BOCA RATON FL 33486			DO NOT WRITE IN THIS SPACE					
US		US		3	Date Incorporated or Qualifed					
					01/07/1988					
2.	Principal Place of Business	2a. Mailing Address		4	FEI Number Applied For					
21	*	26			65-0050871 Not Applicable					
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5	Certificate of Status Desired \$8.75 Additional Fee Required					
	City & State	City & State		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
23	ony a diamo	28		6	Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees					
	Zip Country	Zip Co	untry	8	This corporation owes the current year Intangible					
24	25	29 30			Personal Property Tax. ☐ Yes ☐ No					
	9. Name and Address of Current F	10	10. Name and Address of New Registered Agent							
	The second of the second		81	Name						
LESKAR, DAVID W. Pisk 409 S.E. 7TH STACARGUS Sec			82	Street Address (I	Street Address (P.O. Box Number is Not Acceptable)					
•	FT. LAUDERDALE FL 33301	e e e e e e e e e e e e e e e e e e e	83							
	and the second s		84	City	FL 85 Zip 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 \$500.000 agent. Florida Statutes.										
Sic	GNATURE	f, ,								

SIGNATURE	f. ,	iou otatatos.				
	Signature, typed or printed name of registered agent and title if applicable (NOTE:	Registered Agent signature require	ed when reinstating) 😤 💬 🖂	DATE	15 15	
12.	OFFICERS AND DIRECTORS	13.	OFFICERS AND DIRECTORS IN 12			
TITLE	P DELETE	1.1 TITLE	on 0.20011		☐ Change	☐ Addition
NAME	SHELDON HILLS,	1.2 NAME	in the second section of the section of the second section of the se			
STREET ADDRESS	1499 W PALMETTO PARK RD STE 405	1.3 STREET ADDRESS		:		
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP				
TITLE	VP □ DELETE	2.1 TTLE			Change	Addition
NAME	LORNA HILLS,	2.2 NAME	•			
STREET ADDRESS	1499 W PALMETTO PARK RD STE 405	2.3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 2 3 4 32 DELETE	2. 4 CITY-ST-ZIP				
TITLE	DELETÉ	3.1 TITLE			☐ Change	Addition
NAME :	Salah Balanda Alamada da Salah Balanda Balanda da Salah B	3.2 NAME	·	:		
STREET ADDRESS	METAN CONTROL OF STATE	3.3 STREET ADORESS	other and representative the stage	# 71'1 813'.	er sittiit	an Arbit .75.
CITY-ST-ZIP	CONTRACTOR OF THE CONTRACTOR O	3.4. CITY-ST-ZIP		田語問題		
TITLE	. DELETE	4.1 TITLE	. 71.11 1. 13 18 18 ES	ial kanka is	.∜ [] Change }	Addition
NAME	September 1990.	4. 2 NAME			•	
STREET ADDRESS		4.3 STREET ADDRESS				
CITÝ-ST-ZIP 💐 🔠		4.4 CITY-ST-ZIP				
TILE	. DELETE	5.1 TITLE			☐ Change	Addition
NAME		5.2 NAME				•
STREET ADDRESS		5.3 STREET ADDRESS				
CITY-ST-ZIP		5.4 CITY-ST-ZIP	F- 7-11,090 t			
TILE	DELETE	6.1 TTTLE			☐ Change	☐ Addition
NAME	有数据 对 BARTISTO CATA (在 STE) (6)	6.2 NAME			• .	•
STREET ADDRESS	2004 PATON Processing	6.3 STREET ADDRESS				•
		0.4.000/.07.700				

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 trusted approprieted 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 appropriate such as the empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Da

Daytime Phone #

CR2E034 (11/98)