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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K39178 1. Corporation Name

CASWELL COMMUNICATIONS CORP.

Principal Place	e of Business	Mailing Address					85 8 828		I BIBIL BIBIL BIBIL B	
6100 NW 31ST WAY FT LAUDERDALE FL 33309 US CASWELL COMMU 6100 NW 31ST WA FT LAUDERDALE F US		WAY.			3.	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/17/1988				
2 Principal P	Place of Business	2a. Mailing Addre	SS			4.	FEI Number		·	Applied For
21	iddd o'r oddiriodd	26					65-0091470			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.				Certificate of Status	Desired \square	•	5 Additional
22		27			·		Certificate of Olzida			e Required
City & Stat	te	City & State					Election Campaign Trust Fund Contrib	- 11		00 May Be led to Fees
23 Zip	Country	Zip	Co	ountry			This corporation ov			
24	25	29	30				Personal Property	-	ŬYes	⊠ No
	9. Name and Address of Curre	nt Registered Agent		1		10.	Name and Addres	s of New Regis	tered Agent	
	MARCII TUOMAC D			81	Name				•	
OA 2914	WELL, THOMAS B. 4 NW 95 AVE			82	Street Ad	ddress (P.	.O. Box Number is	Not Acceptable)		
COR	RAL SPRINGS FL 33065	•		83				1つ開稿ま	150 (2130)	
		-		84	City		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2 140 3 5 444 S	85	Zip Code
AND TRACTOR	•	2.4.20.0		_	•				FL ["]	
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	of Florida. Such chanc	e was authoriza	ed by t	the corpora	orporation ation's bo	n submits this stater pard of directors. I h	nent for the purp ereby accept the	ose of changin appointment a	g its registered is registered
		-tif Cartian 607.ñ	ERE Florida Sta	-44-4						
ে agent. I a	am familiar with, and accept the obliga	auons of, Section 607.0	303, 1 10110a 316	atutes.			,			1,1
Signature		4 - 4				uired when re	einstating)		ATE	
SIGNATURE	Signature, typed or printed name of registered age	4 - 4		ed Agent			einstating)			CTORS IN 12
=	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Register	ed Agent						
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN PD CASWELL, THOMAS B.	ent and title if applicable. ND DIRECTORS	(NOTE: Register 13 LETE 1.1	ed Agent					RS AND DIRE	
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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, with all other like empowered.

6.4 CITY-ST-ZIP

FILED

Jan 29, 1999 8:00am

Secretary of State

01-29-1999 90035 028 ***150.00