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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

Principal Place of Business 2701 N ROCKY PT. DR STE 830 TAMPA FL 33607 K72701 (1) MCKEE COMMUNICATIONS OF FLORIDA, INC. Mailing Address 2701 N ROCKY PT. DR SUITE 630 TAMPA FL 33607-5821								
US	30 7	US	•		3. Date incorporated or Qualified 03/09/1989	3a. Date of 05/01/1		ort
2. Principal P 21	lace of Business	2a. Mailing Address			4. FEI Number 59-2940026			ed For applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		. 75 Add ee Requ	
City & Stati	0	City & State			Election Campaign Financing Trust Fund Contribution		5.00 Ma dded to F	
Zip 24	Country 25	Ζιρ 29	30	untry		Yes No		9.032,
	Name and Address of Currer	nt Registered Agent			10. Name and Address of New Re	gistered Agent		
SUI TAN 11, Pursuant office or r	It N. ROCKY PT. DR. TE 630 APA FL 33607 to the provisions of Sections 607.050 egistered agent, or both, in the State or familiar with, and accept the oblig	n2 and 607.1508. Florida S of Florida. Such change v ations of, Section 607.0508	tatutes, the a vas authorize 5, Florida Sta	83 84 City above-named cored by the corpora	ress (P.O. Box Number is Not Acceptate poration submits this statement for the partion's board of directors. I hereby acceptance	FL 85	Zip Cox ging its reg	
SIGNATURE	Stgnature, typed or printed name of registered age			ed Agent signature requ		DATE		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	DPT OF ABENDER	☐ DELETE		OTLE		□ c	ratiĝe L	Addition
NAME	MCKEE, CLARENCE V.			AME				
STREET ADDRESS	2701 N. ROCKY PT. DR. #63	O .	1.3 9	STREET ADDRESS				
Dity-St-Zip	TAMPA FL			CITY-ST-ZIP				
THE	S	L] DELETE	2.11	TITLE			nange L	Addition
NAME	ROBBINS, D CAROLINE		2.21	IAME				
STREET ADDRESS	2701 N ROCKY PT DR, STE (330	2.3 5	STREET ADDRESS				
CITY - ST - ZIP	TAMPA FL			CITY-SY-ZIP			····	
TITLE		☐ DELETE	317	TITLE		□ c	hange [Addition
NAME			3.21	*AME				
STREET ADDRESS				STREET ADDRESS				
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NAME				NAME				
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TITLE		☐ DELETE	1	IITLE		L C	range [Addition
NAME			1	NAME				
STREET ADDRESS			6.3 \$	STREET ADDRESS				

14. I do hereby certify that the information supplied on 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 rip corporation, the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name information indicated on this genual report of Lam an officer or director of the comparation appears in Block 12 or Block 1 in the comparation of the comparation of

FILED

May 05 1997 8:00am

Secretary of State