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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K85937

1. Corporation Name

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

COMMUNACAT, INC.

Principal Flace	e of Business	Mailing Address								
C/O JOHN R B	Burns Est 34th ave #905	C/O JOHN R. BURNS 3101 SOUTHWEST 34TH	AVE #905							
OCALA FL 34474		OCALA FL 34474			_	DO NOT WRITE IN THIS SPACE				
US		US				<ol><li>Date Incorporated or Qualified 05/05/1989</li></ol>				
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number			Applied For	
21		26				5 <del>9-</del> 2948 <u>107</u>			No. Applicable	9
Suite, / pt.	#, etc.	Suite, Apt. #, etc.	_			5. Certifcate of Status Desired			▶ Additional	
22		27				o. Certix die of Ciales Besiles			Required	4
City & Sitate	le south a second	Citỹ & State			-	6. Election Campaign Financing			O May Be	ı
23		28				Trust Fund Contribution		Adde	d to Fees	
Zip	Country	Zip		intry		8. This corporation owes the cur	rent year Int	\_Z	□N-	
24	25	29	30	1		Personal Property Tax.	D. Jaka- al	Yes	□No	
	9. Name and Address of Curre	nt Registered Agent		81 Name		10. Name and Address of New	Registered	Agent		$\dashv$
BUID	RNS, JOHN R.			Name						
	1 S W 34TH AVE #905			82 Street	A Idress	(P.O. Bo Number is Not Accept	table)			
	T 905			00						-
	NLA FL 34474			83						
	ADA I E STATA			84 City		<del></del>		85 Zi	p C ode	_
			. <del>_</del>	<u> </u>		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>		ita ingiatarad	_
11. Pursuant	to the provisions of Sections 607.05 registered agent, or both, in the State	02 and 607.1508, Florida Stat of Florida, Such change was	utes, the a authorize	bove-named by the corp	d corpora or ation's	tion submits this statement for the board of directors. I hereby acce	e purpose of ept the appoir	cnanging ntment as	reç istered	
agent. I a	am familiar with, and accept the oblig	ations of, Section 607.0505, F	iorida Stat	utes.		•			•	
SIGNATURE										}
	Signature, typed or printed n. me of registered ag						5.175			
4.0				i Agent signature	rec lired wh		DATE ELCERS AN	ID DIREC	TORS IN 12	- 8
12.	OFFICERS A	NO DIRECTORS	13.		rec lired wh	en reinstating ADDITI DNS/CHANGES TO O				л 2
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6.4 CITY-ST-ZIP

14. I heret y certify that the informa ion 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 change 1, or on, an attact ment with an address, with all other like empowered.