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, PROFIT . CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

T. Corporation	MENT # L20029 COMMUNICATIONS, INC.					I NORMANI AND ANDM ORANI GRAND AND AND AND	e n alan ahan a han a	011 0101 0 101 1401
Principal Place	e of Business	Mailing Add						
3025 EAST SOL			South Street L 32803-3460					
ORLANDO FL 3	2003-3400	ONDAINDO F	L 32003-5400			DO NOT WRITE I	IN THIS SPACE	
						 Date Incorporated or Qualified 10/03/1989 		
2. Principal Pl	lace of Business	2a. Mailing	Address			4. FEI Number		Applied For
21	•	26	_			59-2971979		Not Applicable
Suite, Apt.	#, etc.	Suite, A	Apt. #, etc.			5. Certifcate of Status Desired	,	5 Additional
22		27					Fee	Required
City & State	e .	City & S	State			6. Election Campaign Financing		DO May Be ed to Fees
23]	0	28 7in	 _	Cour	tn.	Trust Fund Contribution		ed to rees
Zip	Country	Zip	3	_	шу	This corporation owes the current Personal Property Tax.	year intangible	□No
24	9. Name and Address of Curren	29 29 Accepted Accept		101		10. Name and Address of New Reg		
	5. Italie and Addiese of Carren				31 Name			
GIAN	Inone, Robert			-	32 Street Add	Iress (P.O. Box Number is Not Acceptable	.,	
3025 EAST SOUTH STREET					SI Street Add	Ires (P.O. Box Number is Not Acceptable	7)	
ORL	ANDO FL 32803-3496				33			
					34 City		—. 85 Z	Zip Code
					1		FL "	·
office or r	to the provisions of Sections 607.050, egistered agent, or both, in the State of familiar with, and accept the obligations of the obligations of the obligations are sent to the obligations of the obligat	of Florida Such	change was aufi	nonzea	ov tne comorati	poration submits this statement for the pur ion's board of directors. I hereby accept th	ne appointment a	s registered
agent, i a	•							
SIGNATURE	Stgnature, typed or printed name of registered ager	nt and title if applicable	. (NOTE: R	Registered A	es. gent signature requin		DATE	
SIGNATURE	Stgnature, typed or printed name of registered ager OFFICERS AN		. (NOTE: R		gent signature require	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	CTORS IN 12
SIGNATURE 12. IITLE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable	. (NOTE: R	13.	gent signature requin		DATE ERS AND DIREC	CTORS IN 12
SIGNATURE 12. ITTLE NAME	Signature, typed or printed name of registered ager OFFICERS AN CPD GIANNONE, ARTHUR	nt and title if applicable	. (NOTE: R	13. 1.1 TITI 1.2 NA	gent signature requin		DATE ERS AND DIREC	CTORS IN 12
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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 of 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

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

OFFICER OR DIRECTOR

FILED Aug 31, 1999 8:00 am Secretary of State

08-31-1999 90005 030 ***550.00