SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

19**9**8 **DOCUMENT #**

(2)

FERNETY DAVID COMMUNICATIONS, INC.

FILEI)
Oct 07 1998	8:00am
Secretary of	of State



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Principal Place of Business Mailing Address								
1611 SAN MAR JACKSONVILLE			1611 SAN M JACKSONYIL					
US	TE SEEU?		US	LE TE SERVI				DO NOT WRITE IN THIS SPACE
								3. Date Incorporated or Qualified
			· · · · · · · · · · · · · · · · · · ·					10/09/1989
2. Principal Place of Business				2a. Mailing Address				4. FEI Number Applied For
21				[26]				59-2970653 Not Applicat
Suite, Apt. #, etc,			27 Suite, A)	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	е		City & S	tate				
			h	26				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip			Country			8. This corporation owes or has paid the current year Intangible		
24		25	29		30			Personal Property Tax due June 30. Yes No
ļ		and Address of Curr	rent Registered Age	ent		1		10. Name and Address of New Registered Agent
	id, f re d N					81	Name	
1	SAN MAP				Ē	32	Street A	Address (P.O. Box Number Is Not Acceptable)
JAC	KSONVILLE	FL 32207			ļ.	33		
					ľ	23		
					Ε	34	City	85 Zip Code
11 Dureupst	to the provin	lone of sections 607.0	502 and 607 1509 E	torido Statute	no the abou	40 n		
office or r	regist ere d ac	ent, or both, in the St	ate of Florida. Such	change was	Bulhorized	by th	he corpo	orporetion submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
	sm ta m illar w	rith, and accept the ob	ligations of, section	607.0505, FI	orida Statul	les.		
SIGNATURE _	Signature, typed	or printed name of registered a	igent and title if applicable.	(N	OTE: Registered	d Age	nt signature	e required when reinstating) DATE
12.		OFFICERS A	AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PCD			DELETE	1.1 TITLE	E		Change Addilio
NAME	DAVID, FI				1.2 NAM	E	İ	
STREET ADDRESS		MARCO BLVD			1.3 STRE	ET AC	DDRESS	
CITY-ST-ZIP	JAOKSON	MLLE FL	-	7	1.4 C/TY-		IP .	
TITLE			L	DELETE	2.1 TITLE			Change Addition
NAME					2.2 NAM			
STREET ADDRESS					23 STRE		1	• • •
CITY-ST-ZIP TITLE			··	DELETE	2.4 CITY- 3.1 TITLE		IP .	
NAME			L] DELETE	3.2 NAME		1	Change Addition
STREET ADDRESS					3.3 STRE		NORESS	
CITY-ST-ZIP					3.4 CITY-			
TITLE			Г	DELETE	4.1 TITLE			Change Addition
NAME			_		4.2 NAME	E		Sounge Land Mount
STREET ADDRESS					4.3 STRE	ET AD	DRESS	
CITY-ST-ZIP					4.4 CITY-	ST-ZII	Ρ	
TITLE			L	DELETE	5.1 T(TLE	=		Change Addition
NAME					5.2 NAME	Ē		
STREET ADDRESS					5.3 STRE	ETAD	DRESS	
CITY-ST-ZIP					5.4 CITY-	ST-ZII	P	
TITLE			[DELETE	6.1 TITLE			Change Addition
NAME					6.2 NAME	=		•
STREET ADDRESS			_		6.3 STRE	ET AD	DRESS	
CITY-ST-ZIP	-1:6. 4L -4. 41.	Information and the first			6.4 CITY			- 1 - 440 07/0V) F(-11 0 - 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
an officer of	n inis annua r director of	l report or supplement	di annual report it tri recever et trustee e	ue and accur mpowered to	ate and tha	יות וב	v signati	section 119.07(3)(i), Florida Statutes. I further certify th at the information ture shall have the same legal effect as if made under oa th; that I am required by Chapter 607, Florida Statutes; and that my name appears