05-06-1999 90231 009 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **L33675**

1. Corporation Name

PAUL CARSON COMMUNICATIONS, INC.

Principal Place of Business Mailing Address							1		BI BHIL BIBIT BIB			II 86811 1881	
% PAUL CARSO		_	% PAUL CARSON				}						
8106 N W 73RD	AVENUE		8106 N W 73RD AVENUE				DO NOT WRITE IN THIS CRACE						
TAMARAC FL 33321 TAMARAC FL 33321								DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed					
							3.	11/30/1989					
2. Principal P	lace of Business	2a. Mailing	Address				4.	FEI Number			Appl	lied For	
21 26			-					65-0164120			Not	Applicable	
Suite, Apt.	#, etc.	Suite,	Suite, Apt. #, etc.				_	Certificate of Status Desired		•		ditional	
22	_	27	27				3.	Certificate of Grands Besides		Fe	e Req	uired	
City & State	e	City &	City & State				6.	Election Campaign Financing				lay Be	
23		28					ļ	Trust Fund Contribution			ded to	Fees	
Zip Country Zip							8.	This corporation owes the curre		ngible □ Yes	8	No	
24	25	[29]		30			40	Personal Property Tax. Name and Address of New R			9	MINO	
	9. Name and Address of Curre	nt Registered A	gent	81	Т	Name	10.	. Name and Address of New N	egistereur	gent			
CAR	SON, PAUL												
8106 N W 73RD AVENUE				82	82 Street Address (P.O. Box			P.O. Box Number is Not Accepta	ble)				
	ARAC FL 33321			83	+								
	•			84	1	City			FL	85	Zip Co	ode	
office or r	to the provisions of Sections 507.05 ogistered agent, or both, in the Stat of Amiliar with, and accept the oblig	e of Florida. Suct	n change was at	utnorized by	tn:	named corpor e corporation	ration	on submits this statement for the oard of directors. I hereby accep	purpose of out the appoin	hangin tment a ارجات	ng its regi	egistered stered	
SIGNATURE	700 000		41075				boo.		DATE	<u>-0,</u>	177	7	
12.	Signature, typed or printed name of registered ag	IND DIRECTORS		13.	nt si	ignature required		ADDITIONS/CHANGES TO OF	FICERS ANI	D DIRE	CTOR	S IN 12	
TITLE	PD	IND DIRECTOR	☐ DELETE	1.1 TITLE				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	102.10	Cha		Addition	
NAME	CARSON, PAUL			1.2 NAME									
STREET ADDRESS	8106 N W 73RD AVE.			1.3 STREE	TAE	DORESS							
CITY-ST-ZIP	TAMARAC FL			1.4 CITY-S								_	
TITLE			☐ DELETE							Cha	inge	Addition	
NAME				2.2 NAME		1							
STREET ADDRESS				2.3 STREE	TAE	DORESS							
CITY-ST-ZIP				2. 4 CITY-	ST-Z	ZIP							
TITLE			DELETE	3.1 TITLE				-		☐ Cha	ange	Addition	
NAME				3.2 NAME									
STREET ADDRESS				3.3 STREE	T AC	DDRESS							
CITY-ST-ZIP				3.4. CITY-	ST-Z	ZIP						TALES:	
TITLE			☐ DELETE	41 TITLE		1				Cha	ange	☐ Addition	
NAME				4. 2 NAME									
STREET ADDRESS				4.3 STREE	T A(DDRESS							
CITY-ST-ZIP				4.4 CITY- S	ST-Z	ZIP				Cha		Addition	
TITLE			☐ DELETE	5.1 TITLE							ange	[_] Addition	
NAME				5.2 NAME		DODESS							
STREET ADDRESS				5.3 STREE]							
CITY-ST-ZIP			DELETE	5.4 CITY-S 6.1 TITLE		IP				Cha	anne	Addition	
TITLE				6.2 NAME							90		
NAME				6 3 STREE		nnpess							

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 ghangey, or car an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

April 30, 1999
Daytime Phone