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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L4163

(8)

FILED Mar 02 1998 8:00am Secretary of State

1. Corporati	COMMUNICATIONS, INC.	Mailing Address				
4010 CONFEDERATE POINT RD. JACKSONVILLE FL 32210 US		4010 ONFECERATE POINT RD. JACKS AVILLE FL 32210		DO NOT WORT	E IN THIS SPACE	
UŞ		US/		3. Date Incorporated or Qualified	E IN THIS SPACE	
				01/05/1990		
·	Place of Business	2a. Mailing Address	el com	4. FEI Number	Applied For	
Suite, Apt	# alc	26 V O Dox :	4497	59-3040078	Not Applica	—
22	. m, GIC.	27 Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Sta	te	City-& State	<u> </u>	6. Election Campaign Financing	\$5.00 May Be	一
23			re, FL	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip C	Country	8. This corporation owes or has p		
24	25 g. Name and Address of Current		30 57 -dhu	Personal Property Tax due June 10. Name and Address of New Re		
CANEODO PORCOT B1 Name						
	04 PARK STREET		R	chard L. Waler,	Jr.	
JACKSONVILLE FL 32204			82 Street Addre	ess (P.O. Box Number is Not Accepta Dixie Highway #	ble) 4	
			83			ヿ
			84 City		85 Zip Code	\dashv
			St	Augustine	FL 320 92	
11, Pursuant office or	to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607.1508, Florida Sta tute I Florida, Such change was a	es, the above-named corporati	pration submits this statement for the i	ourpose of changing its registered	∌d
agent. I a	registered agent or both, in the State of am familiar with, and accept the obligat	ions of, Section 607.050 9 , Flo	rida Statutes.	one source of anothers. Thereby asses		•
SIGNATURE	Signature, typed or printed name of registered agent	and the if applicable (NOTE	: Registered Agent signature require	20	1 1-26-98	_
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12	\dashv
TITLE	DP	☐ DELETE	1.1 TITLE	ABBITION OF INTIGED TO OFFI	Change Additi	ion
NAME	CARLSON, CARL E		1.2 NAME			
STREET ADDRESS	4010 CONFEDERATE POINT RI	D.	1.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY - ST - ZIP			
TITLE	OADI CON LEDA D	☐ DELETE	2.1 TITLE		Change Additi	on
NAME	CARLSON, LEDA R		2.2 NAME			-
STREET ADDRESS	4010 CONFEDERATE POINT RE JACKSONVILLE FL	J.	2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	D	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Additi	
NAME	FORD, DENNIS		3.2 NAME		Cliquide T voluti	UII
STREET ADDRESS	1475 BELVEDERE AVE.		3.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY+ST-7/P			ł
TITLE	D	K W DELETE	4.1 TITLE		Change Additi	on
NAME	HOWELL, CHARLES		4. 2 NAME		_ • •	
STREET ADDRESS	2115 UNIVERSITY BLVD., S.		4.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5.1 THILE		Change Addition	эn
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		T DELETE	5.4 CITY-ST-ZIP			_
TITLE		☐ DELETE	6.1 TITLE		L. Change L. Addition	n [
NAME CYDEEX ADDRESS			6.2 NAME			- 1
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	certify that the information supplied with	this filing does not qualify for	the exemption stated in S	ection 119 07(3)(i) Florida Statutes I	further certify that the information	_

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 cath; 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 changed. If on an atlachment with an address.

17-77-96, 0