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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L42939

(3)

ARVO COMMUNICATIONS, INC.								
Principal Place of Business Mailing Address					T HARMAN ON ONE HOLD HOUR HOUR HAND IN IN	i ofoh proh stoll	BRIII BIDR	DIRA III
1908 HOWELL BRANCH RD. WINTER PARK FL 32733 US			1908 HOWELL BRANCH RD. WINTER PARK FL 32792-1009 US			·		
					3. Date Incorporated or Qualified	3a. Date		eport
2 Principal P	lace of Business	2a. Mailing Address			01/17/1990 4. FEI Number	06/05		plied For
21	and or business	26			59-3019422			ot Applicable
			, Apt. #, etc.			5 /	···	Additional
22	27				5. Certificate of Status Desired	D K :	Fee Re	
City & State City & Stat					6. Election Campaign Financing		\$5.00	May Be
23	28			······	Trust Fund Contribution		Added t	
Zip		·····		ntry	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			199.032
24	25 9. Name and Address of Curre	29 29 Agent	30		Florida Statutes 10. Name and Address of New Re			
A 254 A		- Total Control of the Control of th		81 Name	10. 145114 21.0 14414 000 01 114			
	O, THOMAS R							
4340 WATERMILL AVE ORLANDO 32817				82 Street Ac	ddress (P.O. Box Number is Not Acceptal	ole)		
Uni	MNUU 32017			83				
				B4 City		FL '	35 Zip (Code
office or r	egistered agent, or both, in the State	of Florida. Such change was	authorized	by the corpo	orporation submits this statement for the ration's board of directors. I hereby acce	ouroose of ch	anging it	s registered registered
agent La SIGNATURE	m familiar with, and accept the oblig	ations of, Section 607.0505, Fi	lorida Stat	utes.				
	Signature, typed or printed name of registered ag			i Agent signature re	quired when reinstating)	DATE		
12.			13.		ADDITIONS/CHANGES TO OFFI			
THILE			1.1 Tr	1		L.,	Change	L. Addition
NAME	ARVO, TOM		12 N/					
STREET ADDRESS CITY+S1+ZIP	4340 WATERMILL AVE ORLANDO FL			REET ADDRESS				
TITLE	ONDAIDO FL	DELETE	2.1 (1)	Y-ST-ZIP		Γ	Change	Addition
NAVE			2.2 N/					
STREET ADDRESS				REET ADDRESS	* *			1
CITY - ST - ZIF			•	TY-ST-ZIP				
TITLE		DELETE	3.1 10				Change	Addition
NAMÉ			3.2 N/	ME				
STREET ADORESS			3.3 ST	REET ADDRESS				İ
CITY - ST - ZIP			3.4. C	TY-ST-ZIP				
TITLE	 .	☐ DELETE	4.1 TO	re [Change	Addition
NAME			4. 2 N	AME				
STREET ADORESS			4.3 ST	REET ADDRESS				(
CITY-ST-7F		- I ociere		Y-ST-ZIP			(0)	1 1100
1:ILE		DELETÉ	5.1 10			L.	Change	Addition
NAME			5 2 N/					
STREET ADORESS				REET ADDRESS				
CITY - ST - 712		DELETE	54 CI 61 TI	Y-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition
TITLE		[] DCLC10	6.2 N/			L	1 Among 6	Addition
NAME expect absence								ļ
STREET ADURESS				REET ADDRESS				
14. I do herek	by certify that the information supplie	d with this filing does not qual	ity for the	(Y-ST-ZIP exemption sta	ted in Section 119.07(3)(i), Florida Statute	s. I further ce	rtify that	the
informatio	n indicated on this annual report or	supplemental annual report is	true and a	ccurate and the	nat my signature shall have the same leg- port as required by Chapter 607, Florida	al effect as if	nade und	der oath; that
appears i	n Block 12 or Block 13 if changed, o	r on an attachment with an	drees	eroporo tras ist	sort as required by enapler our; i londs i	Marchido, and	men my fi	marino

SIGNATURE

SIGNATURE AND TYPED OR PRINTED HAME OF BIGNING OFFICER OR DIRECTOR

4-24-87

407-671-0185

Daytime Phone i

FILED

May 05 1997 8:00am

Secretary of State