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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # M09860



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90057 022 ***158.75



RESEARCH COMMUNICATIONS, INC.

		-							
Principal Place	e of Business	Mailing Addre	ss			1 (801001) [51 00510 19101 (0110 01)]	. 4611 B-811 B1811		A.1 A(81) 182(
C/O GEN BONHAM. CPA 1999 UNIVERSITY DRIVE. SUITE 212		1999 UNIVERSI	C/O GEN BONHAM. CPA 1999 UNIVERSITY DRIVE. SUITE 212 CORAL SPRINGS FL 33071		DO NOT WRIT	E IN THIS SI	PACE		
CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071			5 FL 330/1			3. Date Incorporated or Qualifed	<u> </u>	7.QL	
						01/10/1985			}
2 Principal P	lace of Business	2a. Mailing Ad	dress			4. FEI Number		Ap	plied For
21	1444	26				65-0019999		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.				P)	\$8.75 A	dditional
22		27				5. Certificate of Status Desired		Fee Re	quired
City & Stat	e	City & Sta	te			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	r -	Country	•	8. This corporation owes the curre		gible	₩
24	25	29	30	<u> </u>		Personal Property Tax.			ØN₀
	9. Name and Address of Cu	urrent Registered Agen	<u>.t</u>	04	Nome	10. Name and Address of New R	egistered Ag	ent	
et0	DUYDU TOICIY			81	Name				
stoddard, tricia 2260 Sanderling Ln				82	Street Ac	ddress (P.O. Box Number is Not Acceptal	ole)		
	O BEACH FL 32963			83		-			
VL)	O DENOIT L GEGGG			63	1				
				84	City		FL	85 Zip 0	ode
44 Purnunt	to the provisions of Sections 607	7 0502 and 607 1508 Fb	orida Statutes	the above	e-named co	proporation submits this statement for the	ourpose of ch	anging its	registered
office or r	enistered agent or both in the S	State of Florida. Such ch	ange was autho	orizea dv	the corpora	ation's board of directors. I hereby accept	the appointr	nent as re	gistered
agent. I a	im familiar with, and accept the o	obligations of, Section 60	7.U5U5, Flonda	a Statutes	i.				ļ
SIGNATURE	Signature, typed or printed name of registers	ed agent and title if applicable	(NOTE: Re	nistered Ager	nt signature reco	uired when reinstating)	DATE		í
12.		S AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	RS IN 12
TITLE	PD		DELETE	1.1 TITLE		45		_ Change	☐ Addition
NAME	STODDARD, DANIEL			1.2 NAME					ļ
STREET ADDRESS	*** 0 555551 1818/			1.3 STREET	TADDRESS				Ì
CITY-ST-ZIP	DEERFIELD BEACH FL 334	441		1.4 CITY- \$	T-ZIP				
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CiTY-ST-ZiP				2.2 NAME	T ADDRÉSS			Change	Addition
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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 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, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR