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 # M71733

(3)

DETERS COMMINICATIONS INC

FILED Jul 20, 1999 8:00 am Secretary of State

07-20-1999 90033 029 ***550.00

PEIEN	5 COMMUNICATIONS, INC.				۰				
			-1-1-0-0-0					US DOUBLE BEING BURGE BERNE DER	A 1830
Principal Place of Business Mailing Address									
13201 Sheridan St. 13201 Sheridan St. Ft. Lauderdale Fl. 33330 Ft. Lauderdale Fl. 33330									
US US				••			DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified		
							03/14/1988		
2. Principal Pl	lace of Business	2a. Mailing	g Address				4. FEI Number	Applie	d For
21		26					65-0051137		pplicable
Suite, Apt.	#, etc.	Suite,	Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Add Fee Requi	
City & State		City &	State			-	6. Election Campaign Financing	\$5.00 Ma	v Be
23		28					Trust Fund Contribution		
Zip	Country	Zip		Cou	ntry		8. This corporation owes or has paid t	ne current year Intang	ible
24 25		29	29 30 _				Personal Property Tax due June 30. Yes No		
	g. Name and Address of Curre	nt Registered /	\gent				10. Name and Address of New Regis	ered Agent	
PE	STRICHELLI, RICHARD H				81	Name			
	201 SHERDIAN ST.				82	Street Addre	ess (P.O. Box Number is Not Acceptable)	<u> </u>	
FT.	LAUDERDALE FL 33330					_			
					83				
					84	City	H	FL 85 Zip Cod	le
11 Pursuant	to the provisions of Sections 607.050	02 and 607 150	8 Florida Statut	es, the at	L{bove	e-named corpo	oration submits this statement for the purp	ose of changing its re	gistered
l office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	a of Florida. Suc	:h change was a	authorize	a bv	the corporation	on's board of directors. I hereby accept the	e appointment as reg	istered
SIGNATURE									}
- Grant Horiz	Signature, typed or printed name of registered ag		ble. (NOT		d Age	ent signature require		DATE	
12.	OFFICERS AN	ID DIRECTORS	[] per ere	13.			ADDITIONS/CHANGES TO OFFICER		Addition S
TITLE	PEOTENNIELLI BIOLIADE II		☐ DELETE	1,1 T					_ Addition
NAME	PESTRICHELLI, RICHARD H			1.2 N					
STREET ADDRESS	13201 SHERIDAN ST.			1.3 \$1	TREET	ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL		Topiere			ST-ZIP		Change	T Addition (
TITLE	VP		DELETE	2.1 TI				∐ Change L	Addition 9
NAME	PESTRICHELLI, VICTORIA			2.2 N					
STREET ADDRESS	13201 SHERIDAN STREET			2.3 S1	TREET	ADORESS			
CITY-ST-ZIP	FT. LAUDERDALE FL				2. 4 CiTY- ST- ZIP			[] Ob	T t addition
TITLE			DELETE					Change	Addition
NAME				3.2 N	AME				
STREET ADDRESS				3.3 \$1	TREET	ADDRESS			
CITY-ST-ZIP				_		ST-ZIP			1 4 4 4 5 5
TITLE			DELETE	4,1 TI	TLE			L Change L	_ Addition
NAME				4.2 N	IAME				{
STREET ADDRESS				4,3 S1	TREET	ADDRESS			1
CITY-ST-ZIP				4.4 CI	ITY-S	ST-ZIP			
TITLE			DELETE	5.1 TI	TLE			Change	_ Addition
NAME				5.2 N/	AME				ĺ
Street Address				5.3 S	TREET	ADDRESS			}
CITY-ST-ZIP				5.4 CI	TY-S	ST-ZIP		<u> </u>	
TITLE			DELETE	6.1 TO	TLE			Change	Addition

14. Hereby certify that the information supplied with this filling 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 truetee 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.

6.4 CITY-ST-ZIP

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

954-680-3433