

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004801 (4)**

1. Corporation Name  
**ARK COMMUNICATIONS NETWORK, INC.**



Principal Place of Business <b>545 MOULTRIE WELLS ROAD ST AUGUSTINE FL 32086-5449</b>	Mailing Address <b>545 MOULTRIE WELLS ROAD ST AUGUSTINE FL 32086-5449</b>
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3. Date Incorporated or Qualified  
**09/16/1996**

4. FEI Number  
**59-3400485**

Applied For	Not Applicable
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2. Principal Place of Business 21 <b>106 TATE Court</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>106 TATE Court</b> Suite, Apt. #, etc.
22	27
23 <b>Orlando, FL</b> City & State	28 <b>Orlando, FL</b> City & State
24 <b>32828</b> Zip	29 <b>32086</b> Zip
25	30

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**SIMONIC, NICHOLAS T  
8280-5 PRINCETON SQUARE BLVD., WEST  
JACKSONVILLE FL 32258**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D</b> <b>CHAPARRO, NOE</b>	1.2 NAME	
STREET ADDRESS	<b>545 MOULTRIE WELLS ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST AUGUSTINE FL 32086-5449</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D</b> <b>SIMONIC, NICHOLAS T</b>	2.2 NAME	
STREET ADDRESS	<b>8280-5 PRINCETON SQUARE BOULEVARD, WEST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32258</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D</b> <b>CHAPARRO, EVELYN</b>	3.2 NAME	
STREET ADDRESS	<b>545 MOULTRIE WELLS ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST AUGUSTINE FL 32086-5449</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>300002473055</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>-03/31/98--01022--017</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>***61.25</b>

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_

**3/24/98 (407)249-1777**

CFR2037 (10/97)