Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90016 029 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P17900

1. Corporation Name

COMMI	NGMAW COMMUNICATIONS	, INC.									
Principal Pla	ace of Business	Mai	ling Address					, 14011201 131 11011 10210 10111 001			
1450 NW 1ST AVE								DO NOT WRIT	E IN THIS	SPACE	
							3	Date Incorporated or Qualifed			
							"	02/04/1988			
1 Deimoinal	Place of Business	20	Mailing Address				4	FEI Number		A	pplied For
	Fidus of Dusiness	26	Masing Address				1	52-1379081			ot Applicable
Suite, Ap	at # atc		Suite, Apt. #, etc.				+				Additional
22	5. #, etc.	27	·				5.	Certificate of Status Desired	-□ ,		equired
City & St	late		City & State				_	Election Campaign Financing		\$5.00	May Be
	late	28	Only in Oldio				0.	Trust Fund Contribution			to Fees
Zip	Country		Zip	Count	trv		 -	This corporation owes the curre	nt veer into		
		29		30	,		8.	Personal Property Tax.	an year mie	Yes	□No
24	25 9. Name and Address of Curre	1 1		30			10	Name and Address of New R	egistered /		
	9. Name and Address of Curre	nt Regist	ereu Agent	-	31	Name	10.	Hame and Addition of them to	cgiatorou .		
CH	Inningham, P. Rodney			`	٠,	Name					
1450 N.W. 1ST AVENUE					82 Street Address (P.O. Box Number is Not Acceptable)						
BOCA RATON FL 33432								, , 			-
. 80	JUA RATUN FL 33432			{	83	,					
	,			1	34	City			FL	85 Zip	Code
11. Pursuar office of agent. I	nt to the provisions of Sections 607.05 r registered agent, or both, in the State am familiar with, and accept the oblig	jations or,	Section 607.0505, Fion	iga Statut	65.					changing its	s registered egistered
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registe						ared Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN					000 0140
12. OFFICERS AND DIRECTORS					13.			ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECT	
TITLE	PST		☐ DELETE	1.1 TITL	E					☐ Change	Additio
NAME	CUNNINGHAM, P. RODNEY			1.2 NAM	Œ						
STREET ADDRES	ss 1450 NW 1ST AVENUE			1.3 STRI	EET	ADDRESS					
CITY-\$T-ZIP	BOCA RATON FL			1.4 CITY	-ST	r-ZiP					
TITLE	D		☐ DELETE	TE 2.1 TITL						Change	Addition
NAME	CUNNINGHAM, P. RODNEY			2.2 NAM	Œ						
STREET ADDRES	CARA ARAL AND ALIERANIE			2.3 STR	EET	ADDRESS					
CITY-ST-ZIP	BOCA RATON FL		· ·	2:4 CIT	Y-\$	T-ZIP	* -	÷ .	F 17 -		<u> </u>
TITLE		-	☐ DELETE	3.1 TTTL	_					Change	☐ Additio
NAME				3.2 NAM	Œ						
	¹			1		ADDRESS		,			
STREET ADDRES	55			1							
CITY-ST-ZIP			☐ DELETE	3.4. CIT		1-211		······································		Change	Addition
TITLE			C ACTUE								4-4
NAME	ļ			4. 2 NAN							
STREET ADDRESS	ee1			■ 4.3 STR	EET	radoress i					

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 changer, or on an attachment with an address, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-Z3P

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

MATURE REQUIREROdney Cunningham

☐ DELETE

☐ DELETE

3-18-99

561-368-8333

Change

Change

Addition

Addition

Daytime Phone #