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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 20 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1998DOCUMENT #

P92000010588 (1)

TARGE	T COMMUN	IICATIONS GRO	UP, INC.	` '							
Principal Plac	ce of Business		Mailing Addres	s						II OBBOL BIHOT IA	/(#) (
P.O. BOX 950455 LAKE MARY FL 32795-0455 LAKE MARY FL 32795-0455								DO NOT WRITI	E IN THIS	SPACE	
								3. Date Incorporated or Qualified			
					-			12/07/1992			
_	Place of Busines	88	2a. Mailing Address				4. FEI Number		-	pplied For	
Suite, Apt.	#. etc.		26 Suite Apt #	Suite, Apt. #, etc.				<u>59-3161573</u>			lot Applicable Additional
22			<u> </u>	27			1	5. Certificate of Status Desired			Required
City & Stat	te	· ····•	City & State					6. Election Campaign Financing		\$5.00) May Be
23			28					Trust Fund Contribution			to Fees
Zip	<u> </u>	Country		Zip Cour				8. This corporation owes or has paid the current year Intargible			
24	25		29]	30	30			Personal Property Tax due June			No No
0.1		d Address of Currer	it Hegistered Agent		81	Name		10. Name and Address of New Ro)gistereo	Agent	
RUSSELL, ANNE H 165 W STATE RD 434								. <u></u>			·=·
			82 Street A			Address	s (P.O. Box Number is Not Accepta	ble)			
WINTER SPRINGS FL 32708					83						
						City				85 Zip	Code
									FL	- I I '	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								its registered s registered			
SIGNATURE											
Signature typod or printed name of registered age 12. OF FICERS AN						int signature	required v	ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECTO	BS IN 12
TITLE	P	0		ELETE	1.1 TITLE			7.55110.10/01/8/1025 10 0//1	JENO MIL	☐ Change	Addition
NAME	RUSSELL,	Kenneth e.			1,2 NAME						
STREET ADDRESS	4700 LEBA	NON ROAD			1.3 STREET	ADDRESS					
CITY-ST-ZIP	CHARLOTT	E NC 28227			1.4 City-S	T-ZIP					
TITLE	D		D	ELETE	2.1 TITLE					Change	Addition
NAME	RUSSELL,	–			2.2 NAME						
STREET ADDRESS		ier glen cir		2.3 \$							
CITY-ST-ZIP	LAKE MAR	Y FL 32746			2. 4 CITY - S	ST-ZIP		<u> </u>			
TITLE	\$TV	*****	□D	ELETE	3.1 TITLE					Change	Addition
NAME	RUSSELL,				3.2 NAME						
STREET ADDRESS	4700 LEBA	NUN RUAU E NC 28227			3.3 STREET						
CITY+ST-ZIP TITLE	CHARLUII	E 190 20221	n	ELETE	3.4. CITY-S 4.1 TITLE	1 - ZIP			_	Change	Addition
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STREET ADDRESS	1				4.2 NAME	AUUBEGG					-
CITY-ST-ZIP					4.4 CITY+S						
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NAME			_		5.2 NAME					_ •	
STREET ADDRESS					5.3 STREET	ADDRESS					
CITY-ST-ZIP	1				5.4 CITY - ST	, ,	l				}
TITLE			DI	ELETE	6.1 TITLE					Change	Addition
NAME					6.2 NAME						
CTREET ADDRESS				i	6 2 CTOLET	ADDRESS					

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 convoration 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 charged, or on an attachment with an artiferes.

CNATURE UM /// MOREL AND DRUGGE STV 3/3/9x 204/264-925