

4-3-95-15-2855-C
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -3 PM 3:49

DOCUMENT # P93000008109 (9)

1. Corporation Name

COMMUNICATIONS GROUP OF AMERICA, INC.

Principal Place of Business

**3717 DEL PRADO BLVD.
#3
CAPE CORAL FL**

Mailing Address

**3717 DEL PRADO BLVD.
#3
CAPE CORAL FL**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/02/1993

3a. Date of Last Report

04/22/1994

4. FBI Number

65-0396645

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**CHUBOKAS, LORRAINE L
3717 DEL PRADO BLVD.
#3
CAPE CORAL FL 33904**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

**TITLE DP
NAME CHUBOKAS, LORRAINE L
STREET ADDRESS 216 S.E. 19TH TERRACE
CITY- ST- ZIP CAPE CORAL FL 33900**

**TITLE DST
NAME WARD, LEO R
STREET ADDRESS 2217 EAST 9TH ST.
CITY- ST- ZIP CLEVELAND OH 44115**

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1 1 TITLE
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY- ST- ZIP**

**2 1 TITLE
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY- ST- ZIP**

**3 1 TITLE
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY- ST- ZIP**

**4 1 TITLE
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY- ST- ZIP**

**5 1 TITLE
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY- ST- ZIP**

**6 1 TITLE
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY- ST- ZIP**

☐ Change ☒ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 affidavit.

SIGNATURE:

Lorraine L. Chubakas

3-25-95

813-540-2242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number