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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # P930(GED COMMUNICATIONS	00010731 (6) inc.			
Principal Place	e of Business	Mailing Address		4 DESCRIPTION OF STATE S	41511 ABIN 1888 41191 (181 188)
3015 N OCEA	IN BLVD	3015 N OCEAN BLVD			
106 FT. LAUDERDALE FL 33308 US 106 FT. LAUDERDALE FL 33308 US US			ane	DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified 02/04/1993	
2. Principal P	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0393604	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing . Trust Fund Contribution	\$5.00 May Be Added to Fees
Z ip	Country 25	Zip 29	Country 30	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible
	9. Name and Address of Curi			10. Name and Address of New Registers	·
	015 N OCEAN BLVD, SUITE 10 LAUDERDALE FL 33308	06	83	dress (P.O. Box Number is Not Acceptable)	OF TO Code
			84 City	F	85 Zip Code
SIGNATURE	Signature, typed or printed name of registricid	agent and tille it applicable (NOT	E. Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	VSD	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME			1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY - \$T - ZIP		
TITLE	PTD CHARLES B	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WEBSTER, CHARLES P 3015 N OCEAN BLVD, SUI	TE 108	2.2 NAME		
STREET ADDRESS	FT. LAUDERDALE FL	IC 100	2 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	11. UNUVERDALE 1L	☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME		peter	3.2 NAME		varies radiffer
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST- ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		TT never	5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET 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 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 on an attachnight with an address.

SIGNATURE:

FILED

May 12 1998 8:00am

Secretary of State