## 2. 10 FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P9300063584

## FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90052 013 \*\*\*150.00

14/2556	Name							
MFRRFH	COMMUNICATIONS OF P	ALM BEACH	COUNTY, I	NC:				
							aana anaa niidi dh	
Principal Place	e of Business	Mailing Addr	ress					
18641 MISTY LAKE DRIVE 18641 MISTY LAKE DRIVE								
JUPITER FL 33458 JUPITER FL 33458					DO NOT WRITE IN	THIS SPACE		
						3. Date Incorporated or Qualifed	77110 07 7102	
						09/13/1993		
2 Principal P	lace of Business	2a. Mailing A	Address			4. FEI Number	A	pplied For
21	lace of pasificos	26				65-0449264	l N	lot Applicable
Suite, Apt.	#, etc.	Suite, Ap	ot. #, etc.			_	\$8.75	Additional
22	TION TO THE TOTAL TO	27				5. Certifcate of Status Desired	Fee F	Required
City & Stat		City & St	tate			6. Election Campaign Financing	\$5.00	May Be
23	The second of th	28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip		Count	гу	8. This corporation owes the current ye		
4	25	29		30		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Currer	nt Registered Age	ent		1 Name	10. Name and Address of New Regist	ered Agent	
\A/EG	BBER, WILLIAM B			l°	Name			
	#1 MISTY LAKE DRIVE			8	2 Street Ad	Idress (P.O. Box Number is Not Acceptable)		
	ITER FL 33458				3			
JUF	11EN FE 33430			ľ	3			
				8	4 City		FL 85 Zip	Code
								n registered
office or i	registered agent or both in the State	of Florida, Such c	change was all	s, the abo	ve-named co	propration submits this statement for the purpo ation's board of directors. I hereby accept the	se of changing it appointment as r	egistered
agent. I a	am familiar with, and accept the obliga				, co.po.c			
	mi lanima min, and accept meg-	ations of, Section b	307.0505, Flori	da Statuti	es.	· ·		
SIGNATURE			507.0505, Flore	da Statuti	es.			
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable.	507.0505, Flore	da Statuto	es.	ired when reinstating)  ADDITIONS/CHANGES TO OFFICER	re	
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable.	507.0505, Flore	da Statuti	es. gent signature requ	ired when reinstating) DA	re	ORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ago OFFICERS AN	nt and title if applicable.	(NOTE: F	Registered Ac	gent signature requ	ired when reinstating) DA	TE IS AND DIRECT	ORS IN 12
SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN PSD WEBBER, WILLIAM B.	nt and title if applicable.	(NOTE: F	Registered Age 13. 1.1 TITLE	gent signature requ	ired when reinstating) DA	TE IS AND DIRECT	ORS IN 12
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I nereby 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

561 373 2718