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PROFIT CORPORATION **ANNUAL REPORT**

1997

CITY-ST-ZIP

14. I do hereby certify that the information supplied w information indicated on this annual report or sit am an officer or director of the corporation of

appears in Block 12 or Block 13 if char



FLORIDA DEPARTMENT OF STATE

FILED

Aug 05 1997 8:00am

Secretary of State

urate and that my signature shall have the same legal effect as if made under eath; that ecute this report as required by Chapter 607, Florida Statutes; and that my name

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000077369 (5)

ST. CLAIRE COMMUNICATIONS, INC.

Principal Place of Business Mailing Address 190 LATERNBACK ISLAND DR 190 Lanternback Island Dr SATELLITE BEACH FL 33157 SATELLITE BEACH FL 32937-4703 3. Date Incorporated or Qualified 3a. Date of Last Report 11/03/1993 07/05/1996 2. Principal Place of Business 26. Mailing Address 4. FEI Number Applied For 65-0447198 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zin This corporation has liability for intangible tax under s. 199.032, 24 Yes 🔲 No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FRISIELLO, RICHARD 81 16722 CW-70TH COURT 82 Street Address (P.O. Box Number is Not Acceptable MIAMI FL 33157 83 64 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 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 title if applicable. (NOTE: Registered Agent's gnature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 96/6) TITLE DELETE 1.1 TITLE Change Addition FRISIELLO, ROXANNE S. NAME 1.2 NAME 190 LANTERNBACK ISLAND DR STREET ADDRESS 1.3 \$1REET ADDRESS SATELLITE BEACH FL CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE TO DELETE Change 2.1 TITLE Addition FRISIELLO, RICHARD NAME 2.2 NAME 190 LANTERNBACK ISLAND DR STREET ADDRESS 2.3 STREET ADDRESS SATELLITE BEACH FL CITY-ST-ZIP 2. 4 CITY-S1-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TATLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP TITLE □ DELETE Addition 6.1 TITLE ☐ Change 500002260285 NAME 6.2 NAME -08/07/97--01012--020 STREET ADDRESS 6.3 STREET ADDRESS ***550.00 8.4 CITY-ST-ZD ******550.00
es not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the all poor is true and accurate and that my signature shall have the same legal effect as if made under the same le