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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 21 1997 8:00am

Sandra B. Mortham

ANNI	CORPORATION ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS			Secretary of State	
***	MENT # P93000 L COMMUNICATIONS, INC	• •			
Principal Place of Business Mailing Address					
2105 SHIREWO WINTER PARK US		2105 SHIREWOOD COUL WINTER PARK FL 32782 US			
5 th				3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal P	lace of Business	2a. Mailing Address		12/16/1993 4. FEI Number	01/25/1996 Applied Far
21		26		59-3217690	Not Applica
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23	~	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
4	25 9. Name and Address of Curre	29	30		∐Yes ∐No
A41	UDA, MARC	nit negistered Agent	81 Name	TO. Name and Address of New Me	gistereo Agent
agent. I a	egistered agent, or both, in the Statem familiar with, and accept the oblig		Sauthorized by the corporational Statutes. OTE: Frogistered Agent signature requ	poration submits this statement for the pation's board of directors. I hereby acception with the patient of the patients are the patients and the patients are the patients are the patients and the patients are	the appointment as registere
12.		ND DIRECTORS	13,	ADDITIONS/CHANGES TO OFFIC	
TITLE	D	☐ DELETE	1.1 TIBLE		Change Add
NAME .	CALUDA, MARC 2105 SHIREWOOD COURT		1.2 NAME		
STREET ADDRESS CITY-ST-ZIP	WINTER PARK FL		1.3 STREET ADDRESS		
TITLE	P	DELETE	1.4 CITY - \$1 - ZIP 2.1 TITLE		☐ Change ☐ Add
NAME	HICKS, MARLA		22 NAME		
STREET ADDRESS	2105 SHIREWOOD CORUT		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	WINTER PARK FL	DELETE	2. 4 CITY-ST-ZiP		Change Add
NAME			3.1 TITLE 3.2 NAME		CT Change CT Ado
STREET ADDRESS			3.3 STREET ADDRESS		
City-St-ZIP			3 4, CITY - S1 - ZIP		
TITLE		DELETE	4 1 TITLE		☐ Change ☐ Add
NAME			4.2 NAME		
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Add
NAME .			5.2 NAME		, -
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		T DELETE	5.4 CITY-ST-ZIP		
NAME		☐ DELETE	6.1 TITLE 6.2 NAME		☐ Change ☐ Add
STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY- \$1-2IP		

1 do 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, or on an attachment with an address. SIGNATURE: