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**PROFIT CORPORATION** ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT #**1. Corporation Name P94000029057 (4)

WADE MCCLEAN COMMUNICATIONS INC.

## **FILED** Apr 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 6151 MIRAMAR PARKWAY STE. 207 6151 MIRAMAR PARKWAY STE. 207 MIRAMAR FL 33023 MIRAMAR FL 33023 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/13/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0545570 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MCCLEAN, MARVA Name 6151 MIRAMAR PARKWAY STE. 207 Street Address (P.O. Box Number is Not Acceptable) MIRAMAR FL 33023 83 City 84 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 title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE Change Addition 1.1 TITLE MCCLEAN, MARVA 1 2 NAME NAME 6151 MIRAMAR PARKWAY STREET ADDRESS 1.3 STREET ADDRESS MIRAMAR FL 33023 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE 4.1 TITLE Change Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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, or on an affecting in the corporation of the corp

JADVA MCClean Abril 20,1998