FILED

Feb 24, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400030340

1. Corporation Name

COMMUNICATIONS BY CHOICE, INC.

Principal Place of Business Mailing Address						-	
2137 NORTH COURTENAY PARKWAY			2137 NORTH COURTENAY PARKWAY				
34			34				DO NOT WESTERN THIS SPACE
MERRITT ISLAND FL 32953			MERRITT ISLAND FL 32953				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed
US			US				04/18/1994
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For
21			26				65-0489807 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8.75 Additional
22			27				5. Certificate of Status Desired Fee Required
City & State			City & State				6. Election Campaign Financing \$5.00 May Be
23			28				Trust Fund Contribution Added to Fees
Zip	Country	ļ	Zip Count				8. This corporation owes the current year Intangible Personal Property Tax Personal Property Tax
24	9. Name and Address of Curre	29	lored Agent	30			Personal Property Tax. Li Yes Li No 10. Name and Address of New Registered Agent
	9. Name and Address of Curren	ii Regisi	erea Agent	8	1	Name	10. Hame and
GILL, GEOFFREY C					4	II	(B.O. B. M. L. Markettelle)
2137 NORTH COURTENAY PARKWAY			82			Street Addre	ss (P.O. Box Number is Not Acceptable)
MER	RITT ISLAND FL 32953			8	3		
					4	City	■■ 85 Zip Code
}				}	- [City	PL
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this st office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors.							ration submits this statement for the purpose of changing its registered
office or re agent. I a	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florid ations of,	a. Such change was a Section 607.0505, Flo	orida Statute	ıyıı 3S.	ne corporation	15 board of directors. Thereby accept the appointment as regional
SIGNATURE	_						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R				_	jent	signature required	
12.	OFFICERS AN	4D DIRE	DELETE	13.		05	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	DS GILL, GEOFFREY C		_ becere	1.1 THE		т-	· / •
NAME	80 W PALM DRIVE					ADDRESS 7	ERRITT WAND PL. 32953
STREET ADDRESS	MARGATE FL 33063-4551			1.4 CITY		-7IP	eRa of $MaiD$ of 3243
CITY-ST-ZIP	PD		☐ DELETE	2.1 TITLE		-Zii / • ()	Change Addition
NAME	CHAMBERS, DENNIS			2.2 NAMI			
STREET ADDRESS	2137 NORTH COURTENAY PA	ARKWAY	,			ADDRESS	•
CITY-ST-ZIP	MERRITT ISLAND FL 32953			2.4 CITY			
TITLE	VD VD		☐ DELETE	3.1 TITLE			Change Addition
NAME	CHAPMAN, ERNEST			3.2 NAME	Ε		
STREET ADDRESS	2137 NORTH COURTENAY PA	ARKWAY	<i>'</i>	3.3 STRE	ET	ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32953			3.4. CITY	-ST	r-ZIP	
TITLE	VD		☐ DELETE	4.1 TITLE		V	Change Addition
NAME	MURRAY, TIMOTHY			4. 2 NAM	E		•
STREET ADDRESS	2137 NORTH COURTENAY PA	ARKWAY	<i>'</i>	4.3 STRE	ET,	ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32953			4.4 CITY	-ST-	-ZIP	
TITLE			☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME				5.2 NAM			
STREET ADDRESS						ADDRESS	·
CITY-ST-ZIP				5.4 CITY		- ZIP	
TITLE			☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME				6.2 NAME			•
OTDEET ADDRESS				■ 6.3 STRE	ET.	ADDRESS I	

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 attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP