

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000037902 (1)

1. Corporation Name

ANDERSON COMMUNICATIONS, INC.



Principal Place of Business

4155 DOW RD STE C
WEST MELBOURNE FL 32934

Mailing Address

4155 DOW RD STE C
WEST MELBOURNE FL 32934

3. Date Incorporated or Qualified

05/13/1994

3a. Date of Last Report

04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MITCHELL, BRUCE A
1825 S RIVERVIEW DR
MELBOURNE FL 32901

81 Name

James L. Reinman

82 Street Address (P.O. Box Number is Not Acceptable)

1825 S. Riverview Drive

83

84 City

Melbourne

FL

85 Zip Code

32901

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

James L. Reinman

(NOTE: Registered Agent signature required when reinstating)

April 30, 1996

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

☒ Change ☐ Addition

NAME ANDERSON, CLARA M
STREET ADDRESS 1414 GLENEAGLES WAY
CITY-ST-ZIP ROCKLEDGE FL

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

32955

TITLE ☐ DELETE

2.1 TITLE

☒ Change ☐ Addition

NAME ANDERSON, SHANNON M
STREET ADDRESS 591 ADVENTURE
CITY-ST-ZIP PALM BAY FL

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

591 Adventure Ave., NW
32907

TITLE ☐ DELETE

3.1 TITLE

☒ Change ☐ Addition

NAME ANDERSON, DELWYN D
STREET ADDRESS 1414 GLEN EAGLES WAY
CITY-ST-ZIP ROCKLEDGE FL

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

32955

TITLE ☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Clara M. Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-96 (407) 867-3898

Date

Daytime Phone #

CR2E034 (12/95)