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May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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	Mailing Address
4155 DOW RD STE C WEST MELBOURNE FL 32904	4155 DOW RD STE C WEST MELBOURNE FL 32904-9256

3. Date Incorporated or Qualified: **05/13/1994**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business
21 1619 S. Wickam Rd
22 Suite, Apt. #, etc.
23 City & State: W. Melbourne, FL
24 Zip: 32904 25 Country

2a. Mailing Address
26 1619 S. Wickham Rd
27 Suite, Apt. #, etc.
28 City & State: W. melbourne, FL
29 Zip: 32904 30 Country

4. FEI Number: **59-3238219** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
REINMAN, JAMES L. 1825 S RIVERVIEW DRIVE MELBOURNE FL 32901	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 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) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	ANDERSON, CLARA M	1.2 NAME	
STREET ADDRESS	1414 GLENEAGLES WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL	1.4 CITY-ST-ZIP	ZIP 32955
TITLE	V ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	ANDERSON, SHANNON M	2.2 NAME	
STREET ADDRESS	591 ADVENTURE AVE NW	2.3 STREET ADDRESS	894 Algaringo Ave, SE
CITY-ST-ZIP	PALM BAY FL	2.4 CITY-ST-ZIP	Palm Bay, FL 32905
TITLE	D ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	ANDERSON, DELWYN D	3.2 NAME	
STREET ADDRESS	1414 GLEN EAGLES WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL	3.4 CITY-ST-ZIP	ZIP 32955
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I 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: [signature] 4/24/97 407-639-3154