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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # **P9400040650** (1)

RWL COMMUNICATIONS & ASSOCIATES, INC.

			1711				
Principal Place of Business Mailing Address						1 JMdrimber bim iftire Meget aftere Marie Anter	Baier, M1211 4611A Elite Mille Gair 1061
			veedon drive n.e Petersburg FL 33			 	
						3. Date Incorporated or Qualified 05/26/1994	3a. Date of Last Report 05/01/1996
2. Principal Place	2a. N	2a. Mailing Address			4. FEI Number	Applied For	
21	26				59-3254386	Not Applicable	
Suite, Apt. #, et	ļ	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22		27	N: 40:4:				Fee Required
City & State		City & State			Election Campaign Financing     Trust Found Contribution	\$5.00 May Be Added to Fees	
<b>23</b>	Country	28	?ip	Count	n/	Trust Fund Contribution  8. This corporation has liability for it	
24	25	29		30	••		Yes No
	. Name and Address of Cu		red Agent		<del></del>	10. Name and Address of New Reg	
SKAI SKI	, JOSEPH C			8	1 Name <	schmitz, Rubert	. Д
13770 58TH ST. NORTH						ress (P.O. Box Number is Not Acceptab	<b>1</b> [-
SUITE 303						42 Weeden A	NE.
CLEARWATER FL 34620				ã	3		-
				8	4 City St	. Petersburg	FL 85 Zip Code
11. Pursuant to the	e provisions of Sections 607	0502 and 607	1508, Florida Stat	tutes, the abo	ve-named cor		increased absence to receive and
office or regist agent Tamilar	tered agent, or both, in the s milinizanth, and accept the c	State of Florida obligations of .	i. Such change wa Section 607.0505.	is authorized Florida Statut	by the corpora es.	poration submits this statement for the patient of the patient of directors. I hereby acceptions are the patient of the patien	It the appointment as registered
SIGNATURE	Mark A	Samo	)- U	ice-fles	ident	4	- 19-97
Signa	rure itypes or printed hame of register		applicable (N	IOTE Registered A		ired when rainstating)	DATE
12.		S AND DIRECT		13.	<del></del>	ADDITIONS/CHANGES TO OFFIC	
TOLE PT			DELETE	1,1 TITL!	ļ.		Change  Addition
	E, ROBERT W	1.1		1,2 NAM			
	60 31ST AVENUE NORT . PETERSBURG FL 3371				ET ADORESS		
TITLE SV		IV	DELETE	1.4 CITY 2.1 TITE			Change Addition
1	CHMITZ, ROBERT A			2.2 NAM			•
	2 WEEDON DRIVE N.E.				ET ADDRESS		
	. PETERSBURG FL 3370	)2			r-ST-ZIP		
TOLE			DELETE	3 1 TITLI			Change Addition
NAME				3 2 NAM	E		
STREET ADDRESS				3 3 STRE	ET ADDRESS		
CITY - ST - ZiF'				3.4. CITY	-ST-ZIP		
TOTALE			☐ DELETE	4.1 TITL	i		Change  Addition
NAME				4. 2 NAI			
\$TREET ADDRESS					ET ADDRESS		
C(1) Y - S(1 - 2) I/			DELETE		-ST-ZIP		Change Addition
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NAME C DOCE T ADODUCE				5.2 NAV	EET ADDRESS		
STREET ADDRESS					-\$T-ZIP		
CHY-ST-ZIP TITLE			DELETE	6.1 T(TL			Change Addition
MAME				6.2 NAM			'9
STREET ADDRESS					ET ADDRESS		
City - St - ZiP					-ST-ZIP		
14 Log barony co	ertily that the information su	pplied with this	filing does not qu	alify for the e	xemotion state	id in Section 119.07(3)(i). Florida Statute	s. I further certify that the
information inc Lam an efficer appears in Blo	dicated on this annual repor r or director of the porporation ock 12 or Block 13 if change	t or supplement on or the received, or on an ati	ntal annuat report i ver or trustee emp tachment with an a	is true and ac powered to ex address.	curate and that ecute this repo	at my signature shall have the same lega ort as required by Chapter 607, Florida S	тепест as if made under oath; that tautes; and that my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-97

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**FILED** 

May 02 1997 8:00am

Secretary of State

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Daytime Phone #