FILI	E NOW: FILING	FEE AFTER	R MAY 1ST IS	\$550.00			
	PROFIT RPORATION UAL REPORT 1999		<b>Katheri</b> s Secretary	RTMENT OF STATE ne Harris y of State CORPORATIONS	Tours of the same	O	
DOCUMENT # P9400048704					99 JAN 20 AM	99 JAN 20 AM 8: 44	
1. Corporation	on Name				SECRETARY OF	STATE	
PINIVAC	LE COMMUNICATI	ONS, ING.			TALLAHASSEE F	LORIDA	
			_				
Principal Plac	ce of Business	Mail	ling Address		I IDDIEGOUS ISE IDIIT DEDES ANDIII BUIST DELLA DE	IIL BTB2L IBIIT 10857 00171 B103 5081	
1605 MAIN ST. 1605 MAIN ST.							
STE 1004 STE 1004 SARASOTA FL 34236 SARASOTA FL 34236				DO NOT WRITE IN TH	IS SPACE		
US US				3. Date Incorporated or Qualifed			
2 Principal P	Place of Business	29.3	Mailing Address		06/27/1994 4. FEI Number		
21	idec of Business	26	OZOG	X 10338	S 65-0509709	Applied For Not Applicable	
Suite, Apt	#, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22 City & Sta	to.	27	City 9 State			Fee Required	
23	ie	28	City & State くなへるよる	ta FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country		(ip	Country	8. This corporation owes the current year I	ntangible ,	
24	9. Name and Addres	29 .		4 L O 05	Personal Property Tax.	☐Yes ZNe.	
		a or ourself registe	red Agent	81 Name	10. Name and Address of New Registere	d Agent	
	O, TODD L			82 Street Ad	May 0 Todd L ddress (P.O. Box Number is Not Acceptable)		
- ::::	<del>5 Main St</del> - <del>1004</del>				1611 Fruit ville Road	4	
	A <del>SOTA FL 342</del> 36			83			
<b>~</b>				84 City C	crojstc F	2ip Code 3 42 40	
11. Pursuant	to the provisions of Section	ons 607:0802 and 607	.1508, Florida Statutes	s, the above-named co	prporation submits this statement for the purpose	of changing its registered	
office or r agent, I a	registered agent, or both, i im familiar with, and accep	in the State of Florida. It the obligations of, S	Such change was aut ection 607.0505, Florid	thorized by the corpora da Statutes.	prporation submits this statement for the purpose cation's board of directors, I hereby accept the app	ointment as registered	
SIGNATURE		_		add L. N	1070 president 1	-4-99	
12.	Signature, typed or printed name of	registered agost and little if as		Registered Agent signature requested 13.	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	
TITLE	PST		DELETE	1.1 TITLE	7.65 (16.65) (16.65)	☐ Change ☐ Addition	
NAME	MAYO, TODD L			1.2 NAME			
STREET ADDRESS	1605 MAIN ST STE 1	1004		1.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL		☐ DELETE	1.4 CITY-ST-ZIP		Change Addition	
NAME				2.2 NAME	700002754		
STREET ADDRESS				2.3 STREET ADDRESS	-01/26/99	01004018	
CITY-ST-ZIP				2.4 CITY-ST-ZIP	****150.00	****150.00	
TITLE NAME			☐ DELETE	3.1 TITLE		Change Addition	
STREET ADDRESS				3.2 NAME 3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4. CITY-ST-ZIP			
TITLE			☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME				4. 2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP			☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition	
NAME				5.2 NAME	$\subseteq \mathbb{N}$		
STREET ADDRESS				5.3 STREET ADDRESS		7]	
CITY-ST-ZIP	0_0000000000000000000000000000000000000		☐ DELETE	5.4 CiTY-ST-ZIP 6.1 TiTLE	( ( f	The Change of the Control of the Con	
TITLE NAME			₩ DELETE .	6.2 NAME		Change	
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the Information supplied with this filling 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 rue 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 trusted 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.

SIGNATURE:

SIGNATURE REQUIRET ON L Mayo president 1-4-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR