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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000073163 (5)

COMMUNICATIONS CONSULTING GROUP, INC.

Principal Place of Business		Mailing Add	Mailing Address				1 19411921 119 19111 51511 9511 551(1 5511)		*18 E118	
725 MONTANA ST ORLANDO FL 32803 US		725 Montana St Orlando Fl 32803 US				DO NOT WRITE IN	LTHIS SPACE			
00		US				f	3. Date Incorporated or Qualified			
						}	10/01/1994			
2. Principal F	lace of Business	2a. Mailing /	Address				4. FEI Number		Ap	plied For
21		26	1 // -1-				59-3274199			t Applicable
Suite, Apt. #, etc.		<u>├</u> ~┐	Suite, Apt. #, etc.				5. Certificate of Status Desired		. <b>75</b> A ee Red	dditional
City & Stat	e	27] City & Si	tate				6. Election Campaign Financing			May Be
23		28								may ⊳e oFees
Zip	Country	Zip		Coun	try		8. This corporation owes or has paid			
24	25	29		30			Personal Property Tax due June 30			No No
ļ	9. Name and Address of Curr	ent Registered Ag	ent				10. Name and Address of New Regis	stered Agent		
	RLEY, CHERYL A			8	11 1	Name				
l .	MONTANA ST			Ē	2 8	Street Address	s (P.O. Box Number is Not Acceptable)	<u>.</u>		
OR	LANDO FL 32803				33					
				ľ	3					
				8	4 (	City		FL 85	Zip C	Code
44 Dureugnt	to the provisions of Socious 607 0	502 and 607 1508	Florida Statut	ine the abo	NG-D	amed coroot	ation submits this statement for the pur		nino its	registered
office or r	egistered agent, or both, in the Sta	te of Florida. Such d	change was	authorized	by th	e corporation	's board of directors. I hereby accept t	he appointme	int as i	registered
l *	m familiar with, and accept the obli	igations or, acciron	, מעפעו. דע	orida Statui	tes.					
SIGNATURE	Signature, typed or printed name of registered a	igent and title if applicable	ION)	F Registered A	\gent s	ignature required i	when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICER			S IN 12
TITLE	D		DELETE	1.1 TOL	E			Ci	ange	Addition
NAME	SHIVELY, RUTH E			1,2 NAM	IE.		- 10°			
STREET ADDRESS	3 HORSEMAN COVE			1.3 STRE	ET ADI	DRESS 85	s Miurace Pt.			
CITY-ST-ZIP	LONGWOOD FL 32750			1.4 CITY	- ST - Z	IP II		· <del>-   -  </del>		- T
TITLE	D				2.1 TITLE			☐ Ch	ange	Addition
NAME	WERLEY, CHERYL A			2 2 NAM						
STREET ADDRESS	465 WERLEY TRAIL			2.3 STRE						
CITY-ST-ZIP	ORANGE CITY FL 32774		DELETE	2. 4 CiTy		ZIP		Ch		Addition
TITLE	H:	L_	ו הנרכוב	3.1 T(TLE				الله السيا	ਕਾ ਮਿੰਕ	L. AUGUUN
NAME STREET ADDRESS				3.2 NAM 3.3 STRE		npree				
CITY-ST-ZIP				3.4. CITY						
TITLE		·-··	DELETE	4.1 TITLE				Ch	ange	Addition
NAME		_		4. 2 NAN					-	
STREET ADDRESS				4.3 STRE		DRESS				
CITY-ST-ZIP				4.4 CITY						
TITLE			DELETE	5.1 TITLE				Ch	ange	Addition
NAME				5.2 NAM	ΙE					
STREET ADDRESS				5.3 S1RE	ET ADI	DRESS				
CITY-ST-ZIP				5.4 C(TY	- ST- Z	IP .				
TITLE			DELETE	6.1 TITLE	E			☐ Ci	ange	Addition
NAME				6.2 NAM	E					
1										

14. Thereby 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 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 fursive 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.

**FILED** 

Apr 22 1998 8:00am

Secretary of State