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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P94000092995

1. Corporation Name AMERICA II COMMUNICATIONS, INC.

Principal Place of Business 1012 118TH AVENUE NORTH ST. PETERSBURG FL 33716 US

Mailing Address C/O D. MICHAEL POINTER. II

2890, 118TH AVENUE NORTH ST. PETERSBURG FL 33716 US

May 03, 1999 8:00 am Secretary of State

05-03-1999 90093 033 ***158.75



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

•	Į			_			12/27/1994				
2. Principal P	lace of Business	/	2a. Mailing Addres	s /			4. FEI Number			App	lied For
21			26				59-3284604			Not	Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, e	tc.			5. Certifcate of S	atus Desired	the second	\$8.75 A	
22			27				J. Ochmodic of G			Fee Rec	uired
City & Stat	e · ·		City & State				6. Election Camp	aign Financino	3 _□	\$5.00 1	- 1
23			28				Trust Fund Co	ntribution		Added to	Fees
Zip		Country	Zip Coun				8. This corporation		ırrent year Inta		
24	25		29	30	1		Personal Prop		. D1-44		□No
•	9. Name and	Address of Current I	Registered Agent		81	Name	10. Name and Ad	Gress of New	Registered /	Agent	
POINTER, D. MICHAEL II					1	Name					
2550 118TH AVENUE NORTH- 2510 118th Avenue No					82 Street Address (P.O. Box Number is Not Acceptable)						
2000	PETERSBURG I										
31.1	retenobuna i	LL 331 10			83						
	• •				84	City				85 Zip C	ode
,		·							<u>FĻ</u>		
11. Pursuant	to the provisions	of Sections 607.0502	and 607.1508, Florida	Statutes, the a	bove-	named cor	poration submits this stion's board of directors	tatement for th	e purpose of e	changing its r ntment as red	registered istered
agent. I a	im familiar with, a	nd accept the obligation	ens of, Section 607.05	05, Florida Stat	tutes.	oorporat			-r		
SIGNATURE										,	
	Signature, typed or prin	nted name of registered agent a			d Agent	signature requi	ired when reinstating)	111050 70 6	DATE	0.05050	20 101 42
12.	T-222	OFFICERS AND		13.			ADDITIONS/CH	ANGES TO C	FFICERS AN	D DIRECTOI F9 Change	Addition
TITLE ,	DCEO		☐ DEL							C Change	
NAME	GALINSKI, MICHAEL B 13535 FEATHER SOUND DRIVE, SUITE 327					13 STREET ADDRESS 2500 118th Avenue North					
STREET ADORESS			SUITE 327	1.3 S	TREET						
CITY-ST-ZIP	-CLEARWATE	1 FL 34622			ITY-ST-	ZIP S	St. Beters burs	Y FM	33116	Change	Addition
TITLE -	S	·	☐ DEL					-		Change	Addition
NAME	POINTER, D.			2.2 N		_		۱ م	ΝΝ		
STREET ADDRESS		WENUE NORTH	235			ADDRESS 2	2510 118th	HAGUAC !	יי ריסטו		
CITY-ST-ZIP	ST. PETERSB	URG FL 33716			CITY-ST	- ZIP			·		□ A delition
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NAME	1	•		3.2 N	AME						
STREET ADDRESS	'			3.3 S	TREET	ADORESS					
CITY-ST-ZIP	1				CITY-ST	-ZIP					
TITLE	l		DEL	ETE 4.1 T	TLE	1	•			☐ Change	☐ Addition
NAME	_	62.		4.21	MAME						
STREET ADDRESS				4.3 S	TREET	ADDRESS	,				
CITY-ST-ZIP				4.4 0	ITY-ST-	ZIP		· .			
TITLE .			☐ DEL	ETE 5.1 T	ITLE					Change	Addition
NAME	1.			5.2 N	IAME						ļ
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CITY-ST-ZIP					лү-st-	ZIP					
TITLE			□ DEL	ETE 6.1 T	ITLE					☐ Change	☐ Addition
NAME	1			6.2 N	IAME						
STREET ADDRESS	.)			6.3 \$	TREET	ADDRESS					
CODY OT ZID				6.4 0	HTY-ST-	.ZIP					

14. I 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 10 if changed, or on apparation with an address, with all other like empowered.

SIGNATURE: