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 #

P95000009277 (1)

COMMU.COM, INC.

FILED May 15 1998 8:00am Secretary of State



	E SOURSOUR SID LOIDT DIEST DESIT ORIES OURSI DESIT OUISD LOSSE LIDIT LODAL SOUR LODAL
Principal Place of Business Mailing Address	
3400 N. OCEAN DR. 3400 N. OCEAN DR. SINGER ISLAND FL 33404-3201 SINGER ISLAND FL 33404-3201	DO NOT WRITE IN THIS SPACE
	3. Date Incorporated or Qualified 02/03/1995
	4, FEI Number Applied For
SAME 26 SAME	65-0559723 Not Applicable
Sulte, Apt. #, etc. Suite, Apt. #, etc.	SR.75 Additional
22 /07 27	5. Certificate of Status Desired Fee Required
City & State City & State	6. Election Campaign Financing \$5.00 May Be
28	Trust Fund Contribution Added to Fees
Zip Country Zip Country	8. This corporation owes or has paid the current year Intangible
24 29 30	Personal Property Tax due June 30. 🔲 Yes 🔲 No
	10. Name and Address of New Registered Agent
CONWAY, RICHARD W 81 Name	
3400 N. OCEAN DR. 82 Street Address	(P.O. Box Number is Not Acceptable)
SINGER ISLAND FL 33404-3201	
83	
84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections (T. 0502 and 607.1508, Florida Statutes, the above-named corpora office or registered agent, or both in the drate of Florida Such change was authorized by the corporation agent. I am fain lian with, and a scope the integration of Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or per led coinc of registered agent and to P applicable. (NOTE Registered Agent signature required with the provided of the period of the p	11,2014
CITY-ST-ZIP RIVIERA BEACH FL 33404 1.4 CITY-ST-ZIP	
TITLE DELETE 2.1 TITLE	☐ Change ☐ Addition ☐
NAME 2.2 NAME	
STREET ADDRESS 2.3 STREET ADDRESS	
CITY-ST-ZIP 2 4 CITY-S1-ZIP	
TITLE DELETE 31 TITLE	☐ Change ☐ Addition
NAME 3.2 NAME	
STREET ADDRESS 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 4.4 CITY-ST-ZIP	
TITLE DELETE . 5.1 TITLE	
	Change Addition
NAME 5.2 NAME	Change Addition
NAME 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS	☐ Change ☐ Addition
	☐ Change ☐ Addition
STREET ADDRESS 5.3 STREET ADDRESS	☐ Change ☐ Addition ☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE	

14. Thereby 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 for anged, or on an altaction, with an address.

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4/30/98

561 445-6050