FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morti jami Secretary of State
DIVISION OF CORPO ATIONS

1996

1. Corporation	MENT # P9500 OMMUNICATIONS, INC.	00009500 (6	3)			
Principal Place of Business 6039 CYPRESS GARDENS BLVD. SUITE 306 WINTER HAVEN FL 33884		SUITE 306	6039 CYPRESS GARDENS BLY			99114 10101 QUAF QQUU QQU RBAI
			•		3. Date incorporated or Qualified 3a. D. 01/31/1995	ate of Last Report
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number 59-3292323	Applied For Not Applicable
Suite Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
Orly & State	е	Crty & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	30	ntry	8. This corporation has liability for intangible Florida Statutes Yes Wo	
	9. Name and Address of Curre				10. Name and Address of New Registers	d Agent
DAVED	CTEDLIEN E			81 Name		•
BAKER, STEPHEN F 565 AVENUE K, SE			82 Street Addr	ess (P.O. Box Number is Not Acceptable)		
	HAVEN FL 33880			83		
			i			
			1	84 City	F	85 Zip Code
11. Pursuant t	to the provisions of Sections 607,050	2 and 607,1508, Florida Statu	tes, the ab	ve named corpor	ation submits this statement for the purpose of o	changing its registered office
or register famil ar wil	ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	ida. Such change was authori tion 607.0505, Florida Statute	ized by the is.	orporation's boar	d of directors. I hereby accept the appointment	as registered agent. I am
SIGNATURE						
	Signature, typed or printed han electrogeterad agen		OTE Registers	Agent signature required		ND DIRECTORS IN 12
12.	PD OFFICERS AN	ID DIRECTORS	13,	1.6	ADDITIONS/CHANGES TO OFFICERS A	
NAME	WALKER, BOBBY		1 1	ILF		☐ Change ☐ Addition ☐
STREET ADDRESS	6039 CYPRESS GARDENS B	LVD., #306		ME		2
C TY - ST - Z-P	WINTER HAVEN FL 33884	• • • • • • • • • • • • • • • • • • • •		REET ADDRESS		RZEGISA
T TLE	VD	DELETE	$\frac{1.4}{2.1}$	Y-ST-ZIP TLE		Change Addition
NAME	REYNOLDS, KELLY F		22	ME		Li cuango Li rusmon
STREET ADDRESS	6039 CYPRESS GARDENS B	LVD., #306	2.3	HEET ADDRESS		
CHY ST ZIP	WINTER HAVEN FL 33884		2 4	Y · ST - ZIP		
TILE	STD	☐ DELETE	3	UF.		☐ Change ☐ Addition
NAMÉ	CHAMLEE, MARK F	110 4000	32	ME		
STREET ADDRESS	6039 CYPRESS GARDENS B	ilvu., #306	3.3	HEFT ADDRESS		
CHY+ST-ZiP	WINTER HAVEN FL 33884		34	Y - ST - 7IP		
TITLE		DELETE	4	Ç LF		Change Addition
NAMI			42:	ME		
STREET ADDRESS			43	HEET ADDRESS		
CITY ST ZIP TITLE		DELEJE	4.4	ČV - S1 - ZIP		Change Fill Addition
NAME		F] pricit	5	.t lic		Change Addition
STREET ADDRESS			34	LE AUGUSTON		
CITY+ST-7IP			5.3	ET ACIDRESS		
101		DELETE	6	ST-ZIP		☐ Change ☐ Addition
NAME		_	6.5	F		
STREET ADDRESS			6:	ET ADDRESS		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished arcertify that the information indicated on this annual report or supplemental annual report oath; that I am an officer or director of the corporation or the receiver or trustee emporappears in Block 12 or Block 13 if changed or or an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR CHARLES.

hamlee 2.7-96 (941)666-2835

es not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further live and accurate and that my signature shall have the same legal effect as if made under I to execute this report as required by Chapter 607, Florida Statutes; and that my name