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

PROFIT CORPORATION ANNUAL REPORT

1997



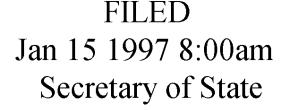
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500009500 (6)

RCW COMMUNICATIONS, INC.



Principal Place of Business 6039 CYPRESS GARDENS BLVD. SUITE 306 WINTER HAVEN FL 33884		Mailing A	Mailing Address 6039 CYPRESS GARDENS BLVD. SUITE 306 WINTER HAVEN FL 33884-4115				1 10011001 178 16161 9111 08111 08111 00111 00111 6811E 12101 MIN 00111 9011 1001				
		SUITE 306									
WHILE PAYE	11 FC 4300 01	ANIMATEM IN	MACH FE 9000	रचाए			3. Date Incorporated or Qualifie 01/31/1995		Date of Last F /20/1996	Report	
	Place of Business	2a. Mailir	ig Address				4. FEI Number		A	pplied For	
1		26					59-3292323	• • • • • • • • • • • • • • • • • • • •	ot Applicab		
Suite, Apt	: #, etc.	├ ─	. Apt. #, etc.				5. Certificate of Status Desired			Additional	
City & Sta	NZ	27	Ctata							lequired	
3	ut.	<u>├</u>	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip	Country	Zip		T Co	untry		This corporation has liability f	r intensibl			
4	25	29		30	,		Florida Statutes	Yes		3. 199.032,	
1	9. Name and Address of Curr		Agent	[50]	T		10. Name and Address of New				
BAK	(er, stephen f				81	Name					
	AVENUE K, SE				82	Etroot	Address (P.O. Box Number is Not Accep	lahta)			
	ITER HAVEN FL 33880				02	Street	Address (P.O. Box number is not Accep	(athe)			
*****					83						
					84	City		FI	85 Zíp	Code	
SIGNATURE 12.	Signature, typed or protect name of registered a	agent and the ill apptor		DTE Register		nt signature	required when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AN	ID DIRECTO	RS IN 12	
lifiLE	PD		DELETE		TITLE			702/10/4	☐ Change	Additi	
IAME	WALKER, BOBBY			1.2	NAME						
TREET ADDRESS		LVD., #306		1.3	STREET	ADDRESS					
HTY-ST-ZIP	WINTER HAVEN FL 33884			1.4	CHTY-S	I - ZIP					
ITLE	VD		DELETE	2.1	TITLE				Change	Additi	
IAME	REYNOLDS, KELLY F			2.2	MAME						
STREET ADDRESS	6039 CYPRESS GARDENS B	LVD., #306		2.3	STREET	AODRESS					
DITY-ST-ZIP	WINTER HAVEN FL 33884			2. 4	CITY - S	ST - ZIP					
TILE	STD		☐ DELETE	3.1	TITLE				Change	Additi	
IAME	CHAMLEE, MARK F			3.2	NAME		Chamles MARK D	i			
TREET ADDRESS	6039 CYPRESS GARDENS B	LVD., #306		3.3	STREET	ADDRESS					
CITY-ST-7IP	WINTER HAVEN FL 33884		····	3.4.	CITY-S	ST - ZIP					
ITLE			DELETE	4.1	TITLE				Change	Addit	
IAME				4. 2	NAME						
STREET ADDRESS				4.3	STREET	ADDRESS					
CITY-ST-ZIP			<u> </u>		CITY-S	T-ZIP					
ITLE			☐ DELETE		TITLE				Change	Additi Additi	
IAME					NAME						
STREET ADDRESS				5.3	STREET	ADDRESS					
CITY-ST ZIF					CITY-S	T-71P					
TITLE			DELETE	6.1	TITLE				Change	L Additi	
NAME					NAME						
STREET ADDRESS						ADDRESS					
CITY-ST-78				6.4	CITY-S	I - Z)P					

14. I do 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 12 of Block 12 or an an attachment with phaddress.