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

	MENT # P9500(COMMUNICATIONS 2001				LADANOM NO MARI ONNI ARIO RANG RAN		
Principal Piar:	e of Business	Mailing Address					
8801 ANGLES ROAD MELBOURNE BEACH FL 32951		6801 ANGLES ROAD MELBOURNE BEACH FL 32951-3858					
					3. Date Incorporated or Qualified 03/16/1995	3a. Date of Last 10/28/1996	Report
2. Principal Place of Business		28. Mailing Address			4. FEI Number		Applied For
2€ Suite, Apt. #, etc.		Suite, Apt. #, etc.			59-3366584	- ¢9.75	Not Applicable Additional
22		27	27		5. Certificate of Status Desired		Required
City & Stat	te	City & State			6. Election Campaign Financing		May Be
23 Zip	Country	28	Cou	entru	Trust Fund Contribution		to Fees
24	25	29	30	nu y	8. This corporation has liability for Florida Statutes	intangible tax under. Yes No	6. 199.032,
	9, Name and Address of Curre	 	1551		10. Name and Address of New Re	A	
LON	ig, donald m			81 Name			
6801 ANGLES ROAD				82 Street Add	ress (P.O. Box Number is Not Acceptat	ole)	
MEL	BOURNE BEACH FL 32951		· 	83			
			ļ				
				84 City		FL 85 Zq	Code
agent La SIGNATURE	ant familiar with, and accept the obli-			utes. d Agent signature requi		DATE	
12.	T	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	PD	☐ DELETE	1.1 (1		Change	Addition
name Street address	LONG, DONALD M 6801 ANGLES ROAD		1.2 N/ 1.2 S	REET ADDRESS			
COY-51 ZIP	MELBOURNE BEACH FL 320	31	- 1	TY-ST-ZIP			
THLE	VPT DELETE		2.1 3)			☐ Change	Addition
NAME	FENNELL, MARILYN		22 N	AME (
STREET ADDRESS	2984 PARK VILLAGE WAY		2351	REET ADDRESS			
CHY-S1-ZIP	MELBOURNE FL 32935	DELFTE	2.40 31 Ti	ITY-ST-ZIP		Change	Addition
TITLE NAME	S LONG, NANCY L	T) pertit	3.1 II 3.2 N			Change	t Addition
STREET ADDRESS	6801 ANGELES RD.			REET ADDRESS			
City-St Zif	MELBOURNE BEACH FL 329	51		ITY-\$T-ZIP			
1011	A STATE OF THE PARTY OF THE PAR	DELETE	41 TI			☐ Change	Addition
NAME	}		4.2 N	AME	•		
STREET ADDITIES			4.3 S	REET ADDRESS	•		
CHY-SU-ZIP		T DEIERE		TY-SI-ZIP		Channe	Additor
TI'LE NIAPAG		☐ DELETE	5.1 TI 5.2 N	1		Change	Addition
NAME STREET ACORESS				rreet address			
City (\$1,72)	}		1	TY-ST-ZIP	•		
10.1		DELETE		TLE		☐ Change	Addition
NAM ₅			6.2 N	AME			
STREET ADDRESS			6.3 S	REET ADDRESS			
CHY-ST 7IP				TY-ST-ZIP			
informatio Lam an c	by certify that the information suppli on indicated on this annual report or officer or director of the corporation of in Black 12 or Block 13 if changed	supplemental annual report is or the receiver or trustee empo-	true and a wered to a	exemption state accurate and that execute this repo	d in Section 119.07(3)(i), Florida Statute t my signature shall have the same legant as required by Chapter 607, Florida s	es. I further certify the all effect as if made u Statutes; and that my	at the inder oath; tha r name

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OF ICER OR DIRECTOR

4/4/97

Daytime Phone i

Apr 15 1997 8:00am

Secretary of State