## 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

1. Corporatio	OMMUNICATIONS, INC.	0045032 (6)			8/88/
Principal Place of Business		Mailing Address		I INDIANDRA 110 MATAL MINIST AREIT ARIES A	DIBB: BITH ARIBS HILLD SIDE LABI
6730 MAYBOLE PLACE TAMPA FL 33617-3832		6730 MAYBOLE PLACE TAMPA FL 33617-3832		DO NOT WRITE IN THIS SPACE	
				3, Date Incorporated or Qualified 06/06/1995	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# ato	26		59-3311474	Not Applicable
22	π, <b>Θ</b> ιο.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Stat	е	City & State .		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible Yes No
	9. Name and Address of Curre		1	10. Name and Address of New Register	
TH	OMPSON, JAMES H		81 Name		
STILES, TAYLOR & METZLER, P.A.			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
315 PLANT AVENUE			83		
IAI	MPA FL 33606				
			84 City	F	85 Zip Code
11. Pursuant office or ragent. La	to the provisions of Sections 607.056 registered agent, or both, in the State im familiar with, and accept the oblig Stpature, typed or printed name of registered ag		es, the above-named corputhorized by the corpora rida Statutes.  Registered Agent signature requi	ooration submits this statement for the purpos tion's board of directors. I hereby accept the a red when reinstating) DAT	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BARTON, LAURA L		1.2 NAME		
STREET ADDRESS	6730 MAYBOLE PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	TAMPA FL STD	☐ DELE <b>TE</b>	1.4 CITY-ST-ZIP 2 1 TITLE		Change Addition
NAME	BARTON, MICHAEL		2.2 NAME		C oliange C Addition
STREET ADDRESS	6730 MAYBOLE PLACE		2.3 STREET ADDRESS	· ·	
CITY-ST-ZIP	TAMPA FL		2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME	•		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CHTY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELET <b>E</b>	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		T perese	4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY+ST-ZIP TITLE		☐ DELET <b>E</b>	5.4 CITY - ST - ZiP 6.1 TITLE		☐ Change ☐ Addition
			6.2 NAME		C Change C Modifion
name Street address			6.3 STREET ADDRESS		
OUNTER MODULESS			B J.S STINELT MOUNESS		

CITY-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 tusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change i) or on an attach tent with an address.

**FILED** 

Mar 20 1998 8:00am

Secretary of State