

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000054874 (9)

1. Corporation Name

A COMMUNICATIONS OUTLET, CORP.



Principal Place of Business

Mailing Address

2734 POLK ST
SUITE G
HOLLYWOOD FL 33020

2734 POLK ST
SUITE G
HOLLYWOOD FL 33020

3. Date Incorporated or Qualified
07/17/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 19 W UNIVERSITY AVE

26 19 W UNIVERSITY AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 GAINESVILLE FL

28 GAINESVILLE FL

24 Zip

Country

29 Zip

Country

32601

25 ALACHUA

32601

30 ALACHUA

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERNAZZOLI, JOHN M
2734 POLK ST
SUITE G
HOLLYWOOD FL 33020

81 Name

RICHELSON STEVEN

82 Street Address (P.O. Box Number is Not Acceptable)

19 W UNIVERSITY AVE

83

84 City

GAINESVILLE

FL

85 Zip Code

32601

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: X Steven Richelson

Signature typed or printed name of registered agent and title if applicable (If DFE, Registered Agent Signature required when reconstituting)

X 8 7 96

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME BERNAZZOLI, JOHN M
STREET ADDRESS 2734 POLK ST SUITE G
CITY-ST-ZIP HOLLYWOOD FL 33020

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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1.1 TITLE

P S T D

1.2 NAME

RICHELSON STEVEN

1.3 STREET ADDRESS

19 W UNIVERSITY AVE

1.4 CITY-ST-ZIP

GAINESVILLE FL 32601

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☒ Addition

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: STEVEN RICHELSON

8 7 96 352 3742211

Date

Daytime Phone #

CR2E034 (3/96)