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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name

P95000057120 (4)

Principal Place of Business	Mailing Address	
4620 E MICHIGAN ST	4620 E MICHIGAN ST	

FILED Apr 03 1998 8:00am Secretary of State

PAK-C	COMM, INC.						III I iii 111		
Principal Plac	ce of Business	Mailing Address				— I CODICOUS IND 1980S BERLI COURS C			
4620 E MICHIGAN ST 4620 E MICHIGAN ST									
ORLANDO FL 32812 US ORLANDO FL 32812 US					DO MOT INDITE IN THE	00405			
					3. Date Incorporated or Qualified	DO NOT WRITE IN THIS SPACE			
						07/21/1995			
2. Principal Place of Business 2a, Mailing Address					4. FEI Number	T	Applied For	\dashv	
21		26				59-3330724 Not A			ə
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	- \$9.7º			
22		27				S. Cermicate of States Desired	Fee	Required	
City & Stat	e	City & State				6. Election Campaign Financing		DO May Be	
Zip	Country	Zip	Cou	ıntru.	 	Trust Fund Contribution		ed to Fees	-
24	25	29	30	Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
	9. Name and Address of Currer		130			10. Name and Address of New Registered			┪
NI	ISI, FRANK P JR.			81	Name				7
	DS EAST CENTRAL BLVD. STE 30	04		82	Street Add	ress (P.O. Box Number is Not Acceptable)			
	RLANDO FL 32801	•			Sheet Addi	reas (F.O. Box Number is Not Acceptable)			
				63					
				84	City		85 Z	ip Code	1
				LJ.		<u> </u>		·	
office or a	registered agent, or both, in the State	of Florida. Such change was	authorize	d by	the corporat	poration submits this statement for the purpose of tion's board of directors. I hereby accept the ap-	it changin pointment	ig its registered . as registered	1
agent. 1 a	am familiar with, and accept the oblig	ations of, Section 607.0505, F	Florida Sta	tutes.	•				ł
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NC	OTE: Registere	d Ager	t signature fegui	ired when reinstating) OATE			۔ ا
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12	- ֆ
TITLE	D	DELETE	1.1 1	1.1 TITLE			Chang	ge Addition	IJ.
NAME	GAGLIANO, ROBERT		1.2 N	1.2 NAME					18
STREET ADDRESS	1551 ELMWOOD AVENUE		1.3 S	1.3 STREET ADD					Š
CITY-ST-ZIP	KISSIMMEE FL 34744	The same		14 CtTY-ST-ZIP		·····	- 		ؤ _
TITLE	D D	DEL ET E	1	2.1 TITLE			☐ Chan	ge Addition	۱,
NAME	GAGLIANO, JEAN P 1551 ELMWOOD AVENUE		2.2 N						1
STREET ADDRESS	KISSIMMEE FL 34744		8		ADDRESS				-
CITY-ST-ZIP TITLE	MODIMANCE I E 04144	DELETE	31 TI	HTY-SI TLE	1 · ZIP		Chang	ge Addition	╣
NAME			3.2 N			•		_	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				ITY - \$1	1				
TITLE		DELETE	4.1 TI	TLE			Chang	ge Addition	ıŢ
NAME			4. 2 N	IAME					
STREET ADDRESS			4.3 S	TREET A	ADDRESS				
CITY-ST-ZIP			4.4 C	4.4 CITY-ST-ZIP					_
TITLE		DELETE		5.1 TITLE			Chang	ge 📙 Addition	1
NAME			5.2 N						
STREET ADDRESS			- 1		ADDRESS				
CITY-ST-ZIP		DELETE		TY-ST	- ZIP		Chang	ge Addition	,-
TITLE			61 TU 6.2 N				L UIR	an □1 wandi(i)ii	
NAME STREET ADDRESS					inneree				
CITY-ST-ZIP	1	٠		IY-ST	ADDRESS				
14. I hereby	certify that the information supplied w	ith this filing does not qualify	for the ex	emoti	ion stated in	Section 119.07(3)(i), Florida Statutes. I further co	ertify that	the information	\dashv
indicated	i on this annual report of supplementa	al angual report is true and ac	ccurate an	orth 1	t my signatu	are shall have the same legal effect as if made up	nder path:	inat Laman	- 1

officer or director of the corporation or the receiver or trustee employeed to execute his jeport as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CIGNATURE PARONT GRALIAND

407-277-1933