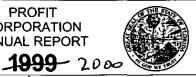
MOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000066881

SEBRING COMMUNICATIONS, INC.

FILED Jun 07, 2000 8:00 am Secretary of State

06-07-2000 90432 002 ***165.00



Principal Place of Business Mailing Address									
3708 SPARTA ROAD P.O. BOX 513									
SEBRING FL	33872	SEBRING FL 33871,0513	3RING FL 33871-0513						
						DO NOT WRIT	E IN THIS S	SPACE	 1
é						3. Date Incorporated or Qualified 08/28/1995			
Principal Place of Business 2a. Mailing Address				-		4. FEI Number		Apr	olied For
26						65-0612081		Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			<u> </u>			5. Certificate of Status Desired	П	\$8.75 A	dditional
27						3. Certificate of Status Desired		Fee Red	quired
City & Stat	City & State City & State					6. Election Campaign Financing	_	\$5.00	May Be
-!		28	28			Trust Fund Contribution		Added to	Fees
Zip	Country Zip		Country			8. This corporation owes the curre	ent year	, –	
.1	25	25 29 30)		Intangible Personal Property Yes No			
	9. Name and Address of Cu	rrent Registered Agent		Ĺ.,		10. Name and Address of New R	egistered A	gent	
148	CRETH L BOSS			81	Name				}
	CBETH, J. ROSS			82	Street Add	ress (P.O. Box Number is Not Accepta	ble)	·	
	13 U.S. 27 SOUTH								
SEI	BRING FL 33870	,		83					
				94	City			85 Zip C	ode
				84	City		FL	65 £ip C	,ode
11. Pursuant	to the provisions of sections 607.	0502 and 607.1508, Florida Statute	s, the ab	ove-l	named corpo	pration submits this statement for the pu	rpose of cha	nging its reg	istered
office or	registered agent, or both, in the S	State of Florida. Such change was a obligations of, section 607.0505, Flo	authorize	d by i	the corporati	ion's board of directors. I hereby accep	t the appoint	tment as reg	istered
	an lamilal with, and accept the c	bligations of, section cortisons, the	Jilga Olai	uico					
SIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable. (NO	OTE: Registe	red Ag	ent signature req	uired when reinstating)	DATE		
12.	OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	ICERS AND	DIRECTO	RS IN 12
111LE	DP	DELETE	1.1 TI	ΠE				Change	Addition
!	UPADHYAYA, D.M.		1.2 NA	ME	ľ				1
STREET ADDRESS	3708 SPARTA ROAD		1.3 ST	REET	ADDRESS				}
CITY-ST-ZIP	SEBRING FL 33872		1.4 CI	TY-ST-	ZIP				
TITLE	-DST	· DELETE	2.1 Tf	LE				Change	Addition
NAME	UPADHYAYA, P.D.		2.2 N/	ME					'
STREET ADDRESS	3708 SPARTA ROAD		2.3 ST	REET	ADDRES\$				
CITY-ST-ZIP	SEBRING FL 33872	•	2.4 CI	TY-ST-	ZIP				1
TITLE	D	DELETE	3.1 TI	LE				Change	Addition
NAME	PERCY, RICHARD		3.2 N	ME			_	- '	
STREET ADDRESS	3708 SPARTA ROAD		3.3 ST	REET	ADDRESS				
CITY-ST-ZIP	SEBRING FL 33872		3.4 CI						}
TITLE	DV	DELETE	4,1 TI					Change	Addition
NAME	FREELAND, ROBERT		4.2 NA				_		_
STREET ADDRESS	3708 SPARTA ROAD				ADDRESS				j
CITY-ST-ZIP	SEBRING FL 33872		4.4 CI						
TITLE		DELETE	5.1 TI				Г	Change	Addition
NAME	,	الله الله الله الله الله الله الله الله	5.2 N/				_		
STREET ADDRESS			5.3 STREE		ADDRESS				
			5.4 CITY-S		1				{
City-St-Zip Title		□ nei etr	6.1 TI					Change	Addition
		DELETE	6.2 N/				L	Grange	
NAME					ADDDESS				
STREET ADDRESS		•			ADDRESS				
CITY-ST-ZIP			6.4 CI	TY-\$T-	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 trustee empowered to execute this report 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.