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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

May 04 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000088372 (4)

FLORIDA TELECOMMUNICATIONS AND RADIO SERVICES IN C.

C.					
Principal Place	e of Business	Mailing Address	.,	- I LEGUIRAN ISIN SANDI AKINI ABSIN BENIN BANIN ABUDI N	ORDI ARABA DESDE ARBIN 1181 ANN I
351 CYPRESS GARDENS BLVD		105 N EOLA BLVD			
WINTER HAVEN FL 33880		SUITE 4		DO NOT WRITE IN THIS SPACE	
US		ORLANDO FL 32901 US		3. Date Incorporated or Qualified	
		00		11/16/1995	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26 351 CYP	RESS GARAENS	59-3349693	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt #, etc.	BLA	5. Certificate of Status Desired	\$8.75 Additional
22		27		8. Certificate of status besired	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28 WINTER	HAVEN	Trust Fund Contribution	Added to Fees
Zip	Country	29 33880	Country	<ol> <li>This corporation owes or has paid the of Personal Property Tax due June 30.</li> </ol>	current year Intangible
24	25 Name and Address of Current	1	30 POLK	10. Name and Address of New Registere	
	<del></del>	t Hegistered Agent	81 Name		
CARUSO, JOSEPH M JR 105 N EOLA BLVD			OSEPH M. ESPOSITO		
NO. 4			82 Street Add	fress (P.O. Box Number is Not Acceptable)  CYPRESS GARBENS	RIVA
	LANDO FL 32801		83	CTTRESS GHARLERS	136010
O N	DANDO FL S2001			and the same of th	
1			84 City	ITER HAVEN F	L 85 Zip Code 33880
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida State	utes the shove-named corr	poration sulfritts his statement for the nurnose	of changing its registered
office or r	egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was	s authorized by the corpora	ation's board of directors. I hereby accept the a	ppointment as registered
i agentila	im familiar with, and accept the obliga	itions of Section 607.0505, I	·londa Statutes.		
T T			-ionda Statutes.	MnX	4-27-98
T T	JOSEPH M. ESPOSIT Signature, typied or printed nature of registrated aspe	O PRESIDENT It aud title if applicable (NO	OTE: Registered Agent signature au	jud whore installing) DATE	4-27-98
SIGNATURE -	JOSEPH M. ESPOSIT Signature, typed or printed prior of registrict age OFFICERS AND	TO PRESIDENT It as a title if applicable (NO D DIRECTORS	OTE: Rog stered Agent signature qu	MM	
SIGNATURE -	TOSEPH M. ESPOSIT Signature, tyried or printed nature of region red age OFFICERS AND	O PRESIDENT It aud title if applicable (NO	DTE: Rog stered Agent signature Au  13. 1.1 TITLE	jud whore installing) DATE	ND DIRECTORS IN 12 Change Addition
SIGNATURE - 12. TITLE NAME	Signature: tyred or printed nature of regists red age OFFICERS AND DVPT CARUSO, JOSEPH M JR	TO PRESIDENT It as a title if applicable (NO D DIRECTORS	13. 1.1 TITLE 1.2 NAME	jud whore installing) DATE	
SIGNATURE - 12. TITLE NAME STREET ADDRESS	Signature, typed or printed nature of regists red age OFFICE RS AND OVPT CARUSO, JOSEPH M JR 105 N. EOLA BLVD NO 4	TO PRESIDENT It as a title if applicable (NO D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 SIREET ADDRESS	jud whore installing) DATE	
SIGNATURE -  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of region red age OFFICERS AND OVPT CARUSO, JOSEPH M JR 105 N. EOLA BLVD NO 4 ORLANDO FL	TO PRESIDENT If and the if applicable (NO D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 SIREET ADDRESS 1.4 CITY-ST-ZIP	jud whore installing) DATE	Change Addition
SIGNATURE -  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature: typed or printed bather of regish red age OFFICE RS AND DVPT CARUSO, JOSEPH M JR 105 N. EOLA BLVD NO 4 ORLANDO FL DP	TO PRESIDENT It as a title if applicable (NO D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	jud whore installing) DATE	
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14. Thereby 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.