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

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Principal Place of Business Mailing Address									H I FOLFOOL LIE ANDER BILLE BOLLE OUTLI	H		10 CHI 1601
1620 MAIN ST SUITE 10 SARASOTA FL 34236				3912 HAMILTON CLUB CIRCLE SARASOTA FL 34242-1100 US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
2	Principal Pi	lace of Busi	ness	2a.	Mailing Address				01/01/1996 4. FEI Number		T Ar	plied For
21				26					65-0637317			t Applicable
ſ	Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	
22	City & State			City & State						Fee Re		
23	City & State			28	28			- 1	Election Campaign Financing Trust Fund Contribution	П	\$5.00 Added t	
23	Zip	-	Country	- 20	Zip	Co	untry		8. This corporation owes or has	paid the co		
24			25	29		30			Personal Property Tax due Ju-	ne 30.	Yes [] No
			and Address of Curre	nt Regis	tered Agent		24		10. Name and Address of New F	legistered	Agent .	
CAMPISANO, ANTHONY W							81 Namo	Ru	dman. Burto	n / 1		
11	SU SA	DO SECONITE 753 RASOTA F	L 34236)2 and 6	07,1508, Florida Statu	itos, the a	82 Street A 3 9/3 84 City above-named	2 Q L	Hamilton Club	FI	of changing it	Code
	office or ragent. I as GNATURE	egistered ag m familiar	gent, or both, in the State ith, and accept the onlig	of Floridations of	da. Such change was f, Socion 607.0505, F	authorize Iorida Sta	ad by the corp	ooration	's board of directors. I hereby acc	opt the ar	2 <i>8-</i> 98	registered
12			OFFICERS AN			13.			ADDITIONS/CHANGES TO OFF	ICERS AN	ID DIRECTOR	
TIT	LE	PSTD			☐ DELETE	1.1 1	ITLE				☐ Change	Addition
! "	me Reet address		N, BURTON L Amilton Club Circ	LE		1	IAME STREET ADDRESS					
1	Y-ST-ZIP		OTA FL 34242-1100			1.4 (CITY-ST-ZIP					
TIT	LE				☐ DELETE	2.1 1	ITLE				☐ Change	Addition
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ST	reet address					2.3 5	STREE1 ADDRESS					
	Y-51-ZIP		····		DELETE		CITY-ST-ZIP		•		Change	Addition
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1	ME DEEX ADDRESS						TREET ADDRESS					
1	reet address IY-St-Zip						CITY-ST-ZIP					
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ľ	ME				•	4.2	NAME					
ł	REET ADDRESS						TREET ADDRESS					
cn	ry-st-zip					4.4 (CITY-ST-ZIP					
_	LE				☐ DELETE	5.11	ITLE				Change	Addition
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ı	ME						IAME					
I ST	REET ADDRESS	. 1				6.3 9	TREET ADDRESS					

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.

6.4 CITY - ST - ZIP

Feb 06 1998 8:00am

Secretary of State