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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600003847 (6)

CANDO COMMUNICATIONS, INC.

Principal Place	of Rusings	Mailing Address				{			
	504 BROOKTREE COUR								
504 BROOKTRE LUTZ FL 33549		LUTZ FL 33549-4427	ч						
					3. Date Incorporated or Qualified 01/11/1996	3a. Date o	f Last Re	port	
2. Principal Fla	ace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For	
21		26			<u> 59-3357922</u>	59-3357922 Not Applicable			
Suite, Apt #	#. etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State)	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country		Z ₁ p	Count	rv					
24	25 29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No				
1	9. Name and Address of Cu				10. Name and Address of New R	egistered Age	nt		
COA	ITES, AMY S		8	1 Name	RJ / T /	A			
504 BROOKTREE COURT					Robert F. Cont. Address (P.O. Box Number is Not Accepte	<u> </u>			
LUTZ FL 33549					54 Brooktree Co	1010) 1-			
			8	3					
				A City		Та	e 7:0 /	Code	
			8	4 City	-112	FL *		3549	
11. Pursuant t	o the provisions of Sections 607.	0502 and 607.1508, Florida Stat	tutes, the abo	ve-named	corporation submits this statement for the	purpose of cha	inging it	s registered	
office or re agent. Lar	egistered agent, or both, in the S n familiar with, and accept the of	tate of Florida. Such change was bligations of Section 607 0505.	s authorized t Florida Statuti	by the corp es.	poration's board of directors. I hereby acco	ept the appoint	ment as	registered	
SIGNATURE	No. 1/2/				ATES President	/-2	4-9	7	
SIGNATURE	Signature types or printed has a binequiliere	d agent and title if applicable (N	OTE: Registered A	gent signature	required when reinstating)	DATE		<i></i>	
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF				
TITLE		☐ DELETE	1.1 TITLE		President		Change		
NAME			1,2 NAM		Robert F. Connes				
STREET ADDRESS			1.3 STRE	et address	504 Brookfree CT				
CITY - ST - ZIP			1.4 City	-\$T-ZIP	LUTZ FG 33549				
TITLE		DELETE	2.1 TITLE				Change	Addition	
NAME			2.2 NAM						
STREET ADDRESS			2.3 STRE	et address					
C(TY+ST+ZIP		· · · · · · · · · · · · · · · · · · ·	2. 4 CITY	-ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE				Change	Addition	
NAME			3.2 NAM	ŧ					
STREET ADDRESS			3.3 STRE	ET ADDRESS					
CITY-ST-ZIP			3.4. CITY						
TITLE		☐ DELETE	4.1 TITLE				Change	Addition	
NAME			4. 2 NAM	E					
STREET ADDRESS				ET ADDRESS					
CHTY-ST-ZIP		DELETE	4.4 CITY				Change	Addition	
TITLE		טבננונ	5.1 TiTLE			ш	Change	Addition	
NAME			5.2 NAMI						
STREET ADDRESS				ET ADDRESS					
CITY - ST - ZIP TITLE		DELETE	5.4 CITY 6.1 TITLE				Change	Addition	
NAME			6.2 NAM			اسما	our de	nounuli	
				ET ADORESS					
STREET ADDRESS CITY-ST-Z#P									
	by certify that the information sun	plied with this filing does not ou	6.4 CITY alify for the ex		tated in Section 119.07(3)(i), Florida Statu	es. I further ce	rtify that	the	
information I am an of	n indicated on this annual report	or supplemental annual report is in or the receiver or trustee empe	s true and accowered to exe	curate and	that my signature shall have the same leg eport as required by Chapter 607, Florida	al effect as if n	nade und	der oath; that	
appours ii	, choose it, or brown 15 ii bridinga	a, or or an accommon man and							

SIGNATURE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECT

s. 1-24-97

815-949-7129

FILED

Jan 30 1997 8:00am

Secretary of State