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

PROFIT CÓRPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600003847

	1. Corporation	COMMUNICATIONS, INC.							
ŀ	Principal Place	of Business	Mailing Address		_	* 1005/1007 113 1015% 01511 00(1) 60511 00114 001	EL BEIDE CHA	1 10111 01	#11 (##I (##I
504 BROOKTREE COURT LUTZ FL 33549			504 BROOKTREE COURT LUTZ FL 33549			DO NOT WRITE IN TH	IS SPACE	Ē	
l						3. Date Incorporated or Qualifed 01/11/1996			
ŀ	2. Principal Pl	ace of Business	2a. Mailing Address			4, FEI Number		Appl	lied For
Ì	21		26			59-3357922		Not	Applicable
ļ	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_		5Certificate of Status Desired		75 Ad	lditional uired
ľ	City & State	•	City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			•	
	. Zip ₋I	Country 25	Zip 30	Country	,	This corporation owes the current year Personal Property Tax.	Yes	<u>. [</u>	Z 110
	•1	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	d Agent		
ROBERT F. COATES 504 BROOKTREE COURT LUTZ FL 33549 8				81 82 83	82 Street Address (P.O. Box Number is Not Acceptable)				
				84	City	City FL 85 Zip Code			
	office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auth	iorized by	tne corpor	orporation submits this statement for the purpose ration's board of directors. I hereby accept the appropriate the statement of the purpose ration's board of directors. I hereby accept the appropriate the statement of the purpose ration's board o		ng its regineration	gistered stered
l	SIGNATURE	Significant typed of printed name of registered agen	t and title if applicable. / (NOTE: Re	gistered Age	nt signature rec	uired when reinstating) DATE			
	12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS			RS IN 12
	TITLE	P	☐ DELETE	1.1 TITLE		APPENIES	☐ Cha	ruđe.	Addition
ı	NAME	ROBERT F. COATS		12 NAME		•			
ı	STREET ADDRESS			1.3 STREE	T ADDRESS				
ı	CITY-ST-ZIP	LUTZ FL		1.4 CITY-S	T-ZIP				
I	TITLE		☐ DELETE	2.1 TITLE		ASSITANT SECSTETARY	Cha	ange	Z Addition
NAME				2.2 NAME		TOZENS SZEN			
	STREET ADDRESS			2.3 STREE	T ADDRESS	Sof Brook free Cti			
Į	_CITY-ST-ZIP		<u> </u>	2.4 CITY:	ST: ZIP	LUTZ FL 33549		<u>- :</u>	

6.4 CITY-ST-ZIP CITY-ST-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, with all other like empowered.

3.1 TITLE

3.2 NAME 3.3 STREET ADDRESS

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

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Feb 23, 1999 8:00 am

Secretary of State

02-23-1999 90016 019 ***155.00

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