## **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

## POCUMENT # P9600006099 (1)

BAKER COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

1189 CACHAFI AVENUE

1189 MICHAEL AVENUE

## **FILED** Jun 02 1997 8:00am Secretary of State



DELTONA FL 32730 DELTONA FL 32739-8163								
					3. Date Incorporated or Qualified	3a. Date of Last	Report	
					01/19/1996	1.		
	rincipal Place of Business 2a. Mailing Address				4. FEI Number	A	pplied For	
21 1189				E	59-3370727	N	ot Applicable	
Suite, Apt. #, etc.         Suite, Apt. #, etc.           22         27					5. Certificate of Status Desired	1 1 7	\$8.75 Additional Fee Required	
City & Stat	City & State City & State				6. Election Campaign Financing	\$5.00	May Be	
23 D&H	Hone, tla. 28 Deltona, tla.				Trust Fund Contribution Added to Fees			
Zip	Country	L Zip	Country		8. This corporation has liability for intangible tax under s. 199.032,			
24 3273	8 25 Volusia	20 32 738 30	Volu	1sia	Florida Statutes Yes X No  10. Name and Address of New Registered Agent			
	9, Name and Address of Current	Registered Agent	B1	Name	10. Name and Address of New Heg	istered Agent		
BAKER, DOLL 1189 MICHAEL AVENUE DELTONA FL 32738				Name				
				82 Street Address (P.O. Box Number is Not Acceptable)				
				83				
•			83					
ı			84	City		FL 85 Zip	Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE								
	Signature, typed or printed name of registered agent			ent signature re	quired when reinstating)	DATE DIRECTO	DO (b) 40	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	Change	Addition	
TITLE	Secretary	☐ DELETE	1.1 TITLE			Li cirange	☐ Xoomon	
NAME	Doll Dates Ji.		1.2 NAME					
STREET ADDRESS	1189 Michael Aus	11 N 33355	1.3 STREE					
CITY-ST-ZIP TITLE	1189 Michael Aus De	140 may 114 32 778		ST- ZIP		Change	Addition	
		L. DELCTE	2.1 TITLE			€ Otteriâc		
NAME	ļ		2.2 NAME					
STREET ADDRESS			2.3 STREE	1				
CITY-ST-ZIP TITLE	920	DELETE	2.4 GHY- 31 THLE	SJ-ZIP		Change	Addition	
NAME	Titasore		3.2 NAME					
STREET ADDRESS	Odil Baker Ji.		3.3 STREE	r Annaego				
CITY-ST-ZIP	Der Beker Jr. 1189 Michael Ave Dethan,	14. 32738	3.4. CITY-					
TITLE	31(3450,1	DELETE	4 1 TITLE	51-211		Change	Addition	
NAME			4. 2 NAME			_ *	-	
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP	1		4.4 CITY-3	1				
TITLE		☐ DELETE	51 THLE			Change	Addition	
NAME			52 NAME	1	60000220 -06/10/970103	TSQS :		
STREET ADDRESS			53 STREE	ADDRESS	-06/10/370103	:RN30		
CITY-ST-ZIP			5.4 CiTY-5		***165.00		,	
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	61 TITLE	-		☐ Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS	,		63 STREE	ADDRESS			ts ,	
CITY-ST-7IP			64 City - 5	i			612/97	

I do 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 frue 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.