Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90033 019 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # DOCOCOOOCCO

 Corporation 	OMMUNICATIONS SERVIC								
Principal Place	of Business	Mailing Address					11 44 (4) (4)		PI 1911 1997
4130 NW 10TH AVENUE 4130 NW 10TH AVENUE FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309						DO NOT WRITE IN TH	IS SDACE		
						3. Date Incorporated or Qualifed 01/22/1996	IS SPACE		
2. Principal Place of Business 2a. Mailing Address 21						4. FEI Number 65-0646599	Applied For Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	Fe	75 Add e Requ	ired
City & State	В	City & State				6. Election Campaign Financing Trust Fund Contribution	Ado	00 Ma	
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year		_	141-
24	25		30			Personal Property Tax.	☐ Yes		No
	9. Name and Address of Curre	ent Registered Agent		81	Namo	10. Name and Address of New Registere	a Agent		
TIME	R, JAMES			01	Name				
4130 NW 10TH AVENUE FORT LAUDERDALE FL 33309				82	Street Addre	Address (P.O. Box Number is Not Acceptable)			
FUR	I LAUDEHDALE FL 33309			83					
				84	City	F	$L \mid \cdot \cdot \mid$	Zip Coo	
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was al	utnorizea	DV I	-named corpo the corporatio	oration submits this statement for the purpose n's board of directors. I hereby accept the ap	or changin pointment a	g its regis	gistered tered
SIGNATURE		(NOTE	. D:	^	signature required	When reinstating) DATE			<u> </u>
12.	Signature, typed or printed name of registered as	IND DIRECTORS	13.	Agent	signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRE	CTOR	S IN 12
TITLE	PVD	DELETE	1.1 TIT	1F			☐ Cha		Addition
	TINER, JAMES	<u></u>	1.2 NA						
NAME	4130 NW 10TH AVENUE	,			ADDRESS				İ
STREET ADDRESS	FORT LAUDERDALE FL				!				
CITY-ST-ZIP		☐ DELETE	1.4 CIT 2.1 TIT		-ZIP		☐ Cha	nge	Addition
TITLE	std Tiner, Jean		2.2 NA		-		_	-	
NAME	4130 NW 10TH AVE				ADDRESS				
STREET ADDRESS				2. 4 CITY-ST-ZIP		المالية المستوالية	- ,	~	
CITY-ST-ZIP TITLE	TI DAODENDALL TE	☐ DELETE	3.1 TIT	_	1-237		☐ Cha	nge	Addition
NAME			3.2 NA			•			
STREET ADDRESS					ADDRESS				
			3.4. CI						
CITY-ST-ZIP TITLE		☐ DELETE	4,1 717				☐ Cha	nge	☐ Addition
NAME			4.2 N	AME					i
STREET ADDRESS			•		ADDRESS				
CITY-ST-ZIP			4.4 CI						
TITLE		☐ DELETE	5.1 TIT				☐ Cha	nge	Addition
NAME.			5.2 NA	WE					
STREET ADDRESS		•	5.3 ST	REET	ADDRESS				ļ
CITY-ST-ZIP			5.4 CIT	TY-ST	-ZIP				
TITLE		□ DELETE	6.1 TIT	ΠE			☐ Cha	ınge	Addition

14. I hereby certify that the information supplied with this filling 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

954.771-7095