## 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 # P96000015894

1. Corporation Name

CAREER COMMUNICATIONS CORP.

Principal Place of Busines	s
124 N OCEAN RIVE	

Mailing Address

## Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90076 017 \*\*\*150.00



124 N OCEAN BLVD POMPANO FL 33062	124 N OCEAN BLVD POMPANO FL 33062			DO NOT WRITE	IN THE SPACE
US	US				IN THIS SPACE
				3. Date Incorporated or Qualifed	•
				02/21/1996	T Applied Fee
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21 175 W. CAMINO	<u> </u>	Min	O REA	1L 65-0671754	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired [	\$8.75 Additional Fee Required
22	27				
City & State	City & State		Δ.	6. Election Campaign Financing	\$5.00 May Be
23 BOGA RATON, FL			<u>A.</u>	Trust Fund Contribution	Added to Fees
Zip Country 25 U.S.F.	7 29 33432 30 30	Country	ISA	<ol><li>This corporation owes the current Personal Property Tax.</li></ol>	☐ Yes ☐ No
Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent					
		81	Name		
PLATTER, BILL 82 Street Add			dress (P.O. Box Number is Not Acceptable	1)	
175 W CAMINO REAL			ticar (i.e. box rumber to riot room)	·	
BOCA RATON FL 33432		83			5.
					les Zi- Codo
		84	City -		FL 85 Zip Code
agent. I am familiar with, and accept the	607.0502 and 607.1508, Florida Statutes, le State of Florida. Such change was auth e obligations of, Section 607.0505, Florida	ionzea av	the corpora	rporation submits this statement for the putition's board of directors. I hereby accept the	rpose of changing its registered ne appointment as registered
SIGNATURE Signature, typed or printed name of reg	istered agent and title if applicable (NOTE: Re	gistered Age	nt signature requ	pired when reinstating)	DATE
	ERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12
TITLE PS	DELETE	1.1 TITLE		PS	Change  Addition
NAME TAYLOR, DIANE	• •	1.2 NAME	-	TAYLOR, DIANE J 175 W. CAMINO RE	
STREET ADDRESS 124 N OCEAN BLVD		1.3 STREE	TADDRESS	175 W. CAMINO RE	-AC
CITY-ST-ZIP POMPANO FL 33062		1.4 CiTY-S		BOCA RATON, FLA.	33432
TITLE TVP	<b>₩</b> DELETE	2.1 TITLE			Change 🗀 Addition
NAME STEVENS, JERRY	FNS. JERRY			STEVENS, JERRY	
	AGA N GOEAN BUYE		T ADDRESS	175 W. CAMINO F	2EAL
CITY-ST-ZIP POMPANO FL 33062		2. 4 CITY-5	ST. 71D	BOCA RATON , FLA	. 33432
TITLE	☐ DELETE	3.1 TITLE	· - · · · · · · · · · · · · · · · · · ·	I TO THE TOTAL PROPERTY OF THE PARTY OF THE	☐ Change ☐ Addition
NAME		3.2 NAME		•	•
STREET ADDRESS			T ADDRESS		
CITY-ST-7IP		3.4. CITY-5			

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, or on an attachment with an address, with all other like empowered.

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

☐ DELETE

☐ DELETE

561-391-9983

☐ Change

☐ Change

Change

Addition

Addition

Addition