Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90152 028 \*\*\*150.00

## CR2E034 (11/98)

## 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 # P96000018850

1. Corporation Name

DRD COMMUNICATIONS OF CENTRAL FLORIDA INC

BARCO	MIMUNICATIONS OF CEN	THAL FLORIDA, INC.					MINDON THE PRINT BRINT BOOK	BBHF BBJH BBF	18 1 18 8 1 8 8 1 1 8 1 8 1 8 1 8 1 8 1	811F1 <b>38</b> F1 18 <b>3</b> F
						_		4 <b>5</b> 141   <b>5</b> 5141   <b>5</b> 54	4)	<b>41191 48</b> 81 <b>1884</b>
Principal Place of Business Mailing Address										
2901 CURRY FORD ROAD 2901 CURRY FORD ROAD										
SUITE ONE SUITE ONE ORLANDO FL 32806 ORLANDO FL 32806						DO NOT WRITE IN THIS SPACE				
ORLANDO FL 32806						3. Date Incorporated or Qualifed				
						02/29	/1996			
2. Principal Place of Business 2a. Mailing Address							mber		Apr	plied For
21 26						59-33	59881			t Applicable
Suite, Apt. #, etc Suite, Apt. #, etc							te of Status Desired		\$8.75 A	
22						J. 00111100			Fee Red	<u> </u>
City & State	City & State	/ & State			1	Campaign Financin	9 □	\$5.00		
23		28				<del></del>	und Contribution		Added to	a Fees
Žip	Country Zip			Country			rporation owes the c	irrent year i		□No
24	25 29 30  9. Name and Address of Current Registered Agent					Personal Property Tax. Yes No  10. Name and Address of New Registered Agent				
ļ. ————	9. Name and Address of Cur	rent Registered Agent	81	1	Name	TO, Ivalile	and Address of Net	- registere		
BONNEVILLE RILEY, MARY				<u> </u>						
3540 OAKWATER POINTE DR.			82	1	Street Addre	ess (P.O. Box	Number is Not Acce	ptable)		
ORLANDO FL 32812			83	-						
1									T-1 *** *	
			84	· '	City			F	85 Zip C	Jode
11 Pursuant	to the provisions of Sections 607 (	1502 and 607,1508. Florida Stat	utes, the abov	e-r	named corpo	oration submit	s this statement for the	ne nurnose	of changing its	registered
office or r	to the provisions of Sections 607 t egistered agent, or both, in the Sta m familiar with, and accept the obl	ite of Florida. Such change was	: authorized by	'In	ne corporation	n's board of d	irectors. I hereby acc	ept the app	ointment as reg	gistered
	m raimilai witii, and accept the obi	igalions of Section 607 6565. I	TOTION OTHER							i
SIGNATURE	Signature, typed or printed name of registered	agent and title it applicable (NC	op Demeleyap 370	S1 5	benuper enutante			DATE		
12.	OFFICERS AND DIRECTORS			_		ADDITIC	NS/CHANGES TO (	OFFICERS A		
TITLE	PTD	1 ; TITLE						Change	Addition	
NAME	RILEY, MARY B		12 NAME			· · · · · ·	ConchMA	T	. St	
STREET ADDRESS 3540 OAKWATER POINTE-DRIVE			13 STREE	T AI	DDRESS 7	801-1	Concining	3 2 C	<i></i>	
CITY-ST-ZIP	ORLANDO FL 32812		14 CITY-S 21 TITLE	T-2	ZIP C	V/GUCA	0 Lr	270.	Change	Addition
TITLE	VSD □ DELETE								Change	Acaison
NAME	RILEY, JAMES M					Co. 1	0.00		De .	
STREET ADDRESS					10	801-1	white of	ing,	200	
CITY · ST · ZIP	ORLANDO FL 32812		2.4 C(TY-5 3.1 TITLE	<u>st-</u>	ZIP	2010NG	75 OF	_23A	& \∑ Change	Addition
TITLE	DELETE								[_] Change	
NAME			32 NAME							
STREET ADDRESS			33 STREE							
CITY-ST-ZIP	T) pelete			ST.	ZIP		<del></del>		☐ Change	Addition
TITLE		☐ Dereie	4 1 TITLE							<b>—</b>
NAME			4 2 NAME		DDDECC.					į
STREET ADDRESS.			43 STREE							
CITY-ST-ZIP		☐ DELETE	44 CITY-S 51 TITLE	51-2	ZIP				Change	Addition
TITLE			52 NAME						_ •	
NAME			53 STREE	T AI	ADDRESS					
STREET ADDRESS			54 CITY- 9							
CITY-ST-ZIP		☐ DELETE	5 1 TITLE	_					Change	Addition
TITLE		_ 040210	6.2 NAME		-					

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exception stated in Section 119.07(3)(i), Florida Statutes 1 further certify that the information indicated on this annual report or supplemental annual report is true 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 received of trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 (Chapter 607) and attack mention with an address, with at other like empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

6 3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS