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**PROFIT** CORPORATION ANNUAL REPORT

1999



DOCUMENT # P96000024943

DIVISION OF CORPORATIONS

## Mar 08, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

03-08-1999 90095 040 \*\*\*150.00

FLITE	COMM OF FLORIDA, INC.								
Principal Place	of Business	Mailing Address							
4501 NW 31ST	AVE	1844 NOB HILL ROAD				· .			
FT LAUDERDALE FL 33309 SUITE 420						DO NOT WOITE	1N TUIO 0	DACE	
US PLANTATION FL 33322						DO NOT WRITE	IN THIS S	PACE	
						3. Date Incorporated or Qualifed			
						03/15/1996		1 1	A 11-45-
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		$\dashv$	Applied For
:1		26				65-0562052			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	□.		5 Additional Required
:2		27					•		<u>_</u>
City & State	<del>e</del>	City-&-State —				-6Election Campaign Financing			00-May Be ed to Fees
3		28			<del></del>	Trust Fund Contribution			ed to Lees
_ Zip ─	Country	Zip	Cour	itry		8. This corporation owes the curren		ngible Yes	□No
24	25	29	30			Personal Property Tax.  10. Name and Address of New Reg			
	9. Name and Address of Curren	t Registered Agent		81 Name		10. Name and Address of New Reg	Aigreien w	yent	
DEIG	IEEEDEV C			oi Name	3			,	
REIS, JEFFREY S 1171 NW 111 AVENUE			I	82 Stree	t Addre	ss (P.O. Box Number is Not Acceptable)			•
PLAI	NTATION FL 33322		ļ	83					
			ŀ	84 City				85 2	Zip Code
							<u> FL</u>		
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was a	autnorized	by the corp	poration	ration submits this statement for the pun's board of directors. I hereby accept t	ne appoin	unent a	s registered
office or r agent. I a SIGNATURE	egistered agent, or both, in the State or familiar with, and accept the obligat	of Florida. Such change was a lions of, Section 607.0505, Florida and title if applicable. (NOT	authorized orida Statu E: Registered	by the corp tes.	poration	when reinstating)	DATE		
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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.

SIGNATURE: