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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

**FILED** 

Apr 14 1997 8:00am

Secretary of State

Secretary of State

DIVISION OF CORPORATIONS

	1997	DIVIDION OF	CONFORMATIONS			
DOCU 1. Corporati	MENT # P9600	00030104 (9)				
	FLORIDA COMMUNICATIO					
Principal Place of Business Mailing Address				י נונסם נונפס וונסם זונסם מנוס מנים ומפונספר נ	vana india tidia tidia dini dani	
5625 S. UNIVERSITY DR. 5625 S. UNIVERSITY D DAVIE FL 33328 DAVIE FL 33328-6100						
				3. Date incorporated or Qualified 04/01/1996	3a. Date of Last Report	
2. Principal 21	Place of Business	28. Mailing Address 26		4. FEI Number 65-0662159	Applied For Not Applicable	
Suite, Ap	t #, etc.	Suite, Apt. #, etc.	<del></del>	5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & Sta	ate	City & State	<del></del>	6. Election Campaign Financing	\$5.00 May Be	
23	Country	[28]   Zip	Country	Trust Fund Contribution	LJ Added to Fees	
Ζφ <b>24</b> ]	25	29	30	8. This corporation has liability for in Florida Statutes	tangible tax under s. 199.032, Yes D No	
[4]	9. Name and Address of Cu		[30]	10. Name and Address of New Reg		
Pi	CHARD P. GREENE, P.A.		81 Name			
ALCCE OUNDOLD OUT OUE				Address (D.O. Day Muschar is Not Accontable)		
FT. LAUDERDALE FL 33304			62 Street A	Street Address (P.O. Box Number is Not Acceptable)		
• • •	. 6 (6) 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.		83			
			84 City		85 Zip Code	
			1. 1			
office or agent. I SIGNATURE			authorized by the corporation of Statutes.  TE: Registered Agent signature in	corporation submits this statement for the publication's board of directors. I hereby accept	the appointment as registered	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	BELL, PAUL R JR.		1.2 NAME			
STREET ADORESS	5625 S. UNIVERSITY DR.		1.3 STREET ADDRESS			
CITY - ST - ZIP	DAVIE FL 33328		1.4 CITY-5T-ZIP			
TITLE		☐ DELETE	2 1 TITLE	P	Change 🐼 Addition	
NAME	}		2.2 NAME	Sierra, Juan		
STREET ADDRESS			2.3 STREET ADDRESS	5625 S. University Dr.		
CITY - S1 - ZIP			2 4 CITY-ST-ZIP	Davie, FL 33328		
TITLE	{	☐ DELETE	3.1 TITLE	S	Change Addition	
NAME			3.2 NAME	Rentz-Sica, Laurie		
STREET ADDRESS	<sup>3</sup> }		3.3 STREET ADDRESS	5625 S. University Dr.		
CITY ST ZIP		DELETE	3.4. C/TY-ST-Z/P	Davie, FL 33328	Change Addition	
TITLE	†	- Mittle	4.1 YITLE 4. 2 NAME		E overige El Moniton	
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS			
CITY-ST-ZIF	`		4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE	<del></del>	Change Addition	
NAME			5.2 NAME			
STREET ADDRESS	s (		5.3 STREET ADDRESS			
CITY-S1-ZIP			5.4 CITY-ST-ZIP	<u></u>		
TITLE		☐ DELETE	6.1 TrTLE		Change Addition	
NAME			62 NAME			
STREET ADDRESS	3 }		6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

14. 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 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.