

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

FILED

Feb 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000052117 (4)

1. Corporation Name

BRUCE SANDERS COMMUNICATIONS, INC.

Principal Place of Business

11710 HIGHWAY 92 E SUITE A
SEFFNER FL 33584

Mailing Address

11710 HIGHWAY 92 E SUITE A
SEFFNER FL 33584-3412

3. Date Incorporated or Qualified

06/17/1996

3a. Date of Last Report

2. Principal Place of Business

21 1809 MAIN ST.

2a. Mailing Address

26 1809 MAIN ST.

Suite, Apt. #, etc.

22 STE. B.

Suite, Apt. #, etc.

27 STE. B

City & State

23 VALRICO, FL.

City & State

28 VALRICO, FL.

Zip

24 33594

Country

25 U.S.A.

Zip

29 33594

Country

30 U.S.A.

4. FEI Number

59-3387736

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SANDERS, CAROLYN
11710 HIGHWAY 92 E SUITE A
SEFFNER FL 33584

10. Name and Address of New Registered Agent

81 Name SANDERS, CAROLYN

82 Street Address (P.O. Box Number is Not Acceptable)

1809 MAIN ST

83 STE B

84 City VALRICO

FL

85 Zip Code

33594

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Carolyn Sanders

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SANDERS, CAROLYN
STREET ADDRESS 11710 HIGHWAY 92 E SUITE A
CITY - ST - ZIP SEFFNER FL 33584

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME SANDERS, CAROLYN
1.3 STREET ADDRESS 1809 MAIN STE. B
1.4 CITY - ST - ZIP VALRICO, FL. 33594

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

Carolyn Sanders

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)