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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P96000064023**1. Corporation Name

Principal Place of Business	Mailing Address	<del></del>
1060 S. FED HWY SUITE A DELRAY BEACH FL 33444 US	P O BOX 1610 BOCA RATON FL 33429 US	

## **FILED** Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90173 032 \*\*\*150.00

ACCUTE	L COMMUNICATIONS, INC.			}				
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Principal Place	e of Business	Mailing Address			( 18611431 (18 18118 6111) 1		. 41111 81811 8811	
1060 S. FED H	WY	P O BOX 1610						
SUITE A BOCA RATON FL 33429			DO NOT WRITE IN THIS SPACE					
DELRAY BEACH	1 FL 33444	U\$		-	3. Date Incorporated or Qua		SPACE	<del></del>
US				<b></b>	07/31/1996	ameu		1
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2. Principal Pi	lace of Business	<b>⊢</b>			65-0682452		<b>├</b>	ot Applicable
Suite, Apt.	# atc	Suite, Apt. #, etc.			00 0002402			Additional
22 Pompa		27		}	<ol><li>Certificate of Status Desir</li></ol>	red []	•	equired
City & State		City & State			6. Election Campaign Finar	cina	\$5.00	May Be
23 330		28			Trust Fund Contribution	a 🗀 .		to Fees
Zip	Country	Zip	Country		8. This corporation owes the	e current year in	tangible	
24	25	29 30		1	Personal Property Tax.		☐ Yes	No
	9. Name and Address of Current	Registered Agent		1	0. Name and Address of I	New Registered	Agent	
			81 Nag	50ee	JAG Appe	in		
	EIDE, ARNE M		82 Stre	et Address	(P.O. Box Number is Not A	centable		
	25 CLOISTER LAKE LN		100	o∈ J	ample Ko.	Suite	210	
BOC	A RATON FL 33498		832	- 00	Real			,
			84 City	nyu	mo week		85 Zip	Code
					•	FL	_   <i>3</i> .	3064
			the shove name		tion authorita this statement fo	or the purpose of	fichanging its	s registered
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	THE SOCKE-HAILIN	ieo corporat	uon submus uns statement i	or and purpood of	i changing it	alatarad
office or re agent. La	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	and 607.1508, Florida Statutes, f Florida. Such change was auth ons of Section 607.0508, Florida	orized by the co	prporation's	board of directors. I hereby	accept the appo	intment as re	egistered
	to the provisions of Sections 607.0502 egistered agent, or both, in the <b>erac</b> o m familiar with, and accept the obligation	and 607.1508, Florida Statutes, f Florida. Such change was auth ons of Section 607.0508, Florida	orized by the co	prporation's	board of directors. I hereby	accept the appo	intment as re	egistered
office or nagent, I a	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Agent signatur		en reinstating)	DATE	9	
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Agent signatu	ure required whe	en reinstating)  ADDITIONS/CHANGES T	DATE	ND DIRECT	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND PSTD	and title if applicable. (NOTE: Re	gistered Agent signatu 13. 1.1 TITLE	ure required whe	en reinstating) ADDITIONS/CHANGES T	DATE	9	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND PSTD SOREIDE, LYNN M	and title if applicable. (NOTE: Re	gistered Agent signatu 13. 1.1 TITLE 1.2 NAME	PS TOO N	en reinstating) ADDITIONS/CHANGES T T HAM M. Soffile	DATE O OFFICERS A	ND DIRECTO	ORS IN 12
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered agent OFFICERS AND PSTD SOREIDE, LYNN M 19225 CLOISTER LAKE LN	and title if applicable. (NOTE: Re	gistered Agent signatu 13. 1.1 TITLE	PS TOO N	en reinstating) ADDITIONS/CHANGES T	DATE O OFFICERS A	ND DIRECTO	ORS IN 12
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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 suppliemental 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 plan attachment with an address, with all other like empowered.

SIGNATURE:

\$61-999-0251