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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Socretary of State DIVISION OF CORPORATIONS

POCUMENT # P96000081134 (4)

JGL COMMUNICATIONS INC.

Principal Place of Business	Mailing Address
BIRA WEAT COLOURAL DONE	MAN HEAT OOLONIAL

FILED May 06 1997 8:00am Secretary of State



2123 WEST COLONIAL DRIVE ORLANDO FL 32804			2123 WEST COLONIAL DRIVE ORLANDO FL 32804-6946				
					Date Incorporated or Qualified 10/01/1996	3a. Date of Last I	Report
2. Principal P	Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For		
21		26	6		59-3374481	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State City & State		City & State			6. Election Campaign Financing	\$5.00 May Be	
28 28					Added to Fees		
Zip	Country	Zιρ	Count	ry	8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30				
	9. Name and Address of Cui	rrent Registered Agent		 	10. Name and Address of New Reg	jistered Agent	
LEW	is, J ohn		B	1 Name			
2123 WEST COLONIAL DRIVE ORLANDO FL 32804		8	82 Street Address (P.O. Box Number is Not Acceptable)				
J. 1.2			8	3			
1			8	4 City		 85 Zip	Code
						FL "	
office or r	to the provisions of Sections 607. egistered agent, or both, in the S m familiar with, and accept the ol	tate of Florida. Such change i	was authorized .	by the corpora	poration submits this statement for the pi tion's board of directors. I hereby accep	urpose of changing If the appointment as	its registered s registered
SIGNATURE							
12.	Signature, typed or pointed name of registeres	AND DIRECTORS	(NOTE Hegistered A	gent signature requ	ilred when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTO	BS IN 12
TITLE	PD	DELETI		- 1-	ABBITION OF ATTACKS TO OFFIS	Change	Addition
NAME	LEWIS, JOHN		1.2 NAM				
STREET ADDRESS	2123 WEST COLONIAL DRI	VF		ET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32804	···	•	- ST - ZIP			
TITLE	OND THE SECON	DELETI				Change	Addition
NAME			2.2 NAM	E Î			
STREET ADDRESS			2.3 STRE	ET ADDRESS			
CITY-ST-ZIP			L.	(- \$1 - 7IP			ì
TITLE		DELET				Change	Addition
NAME			3 2 NAM	Ε			
STREET ADDRESS			3.3 STRE	E1 ADDRESS			
CITY-ST-ZIP			3.4 CITY	r-ST-ZIP			ì
TITLE		DELETI	4.1 101.0			Change	Addition
NAME			4. 2 NAN	16			
STREET ADDRESS			4.3 STRE	F1 AUDRESS			
CITY-ST-ZIP	·		4.4 CITY	-ST-ZiP			
TITLE		☐ DELET	5.1 1111			Change	Addition
NAME			5.2 N AM	£			
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY	- \$1 - 2IP			
TITLE		DELET	6.1 7111.6	- 1		☐ Change	Addition
NAME			6.2 NAM	E			
STREET ADDRESS			6.3 STRE	ET ADDRESS			
CITY-ST-ZIP			6.4 CITY	- ST - ZIP			
44							

I do hereby certify that the information supplied with this filling 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 open attachment with an address.

SIGNATURE: