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FILED
May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000099061 (9)

1. Corporation Name
INLET COMMUNICATIONS INC.

Principal Place of Business

Mailing Address

~~C/O DAVID A. KING. ESQ.~~
~~1416 KINGSLEY AVENUE~~
~~ORANGE PARK FL 32073~~

C/O DAVID A. KING. ESQ.
1416 KINGSLEY AVENUE
ORANGE PARK FL 32073



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1045-11 Miller Street		26 Suite, Apt. #, etc.		01/01/1997	
22 Suite 200		27 City & State		4. FEI Number	
23 Orange Park, FL		28 Zip		59-3413560	
24 32073		29 USA		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				X \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				Yes No	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				Yes No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KING, DAVID A ESQ.
1416 KINGSLEY AVENUE
ORANGE PARK FL 32073

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	SGROMOLO, JOHN A	1.2 NAME	
STREET ADDRESS	2464 STOCKTON DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	SGROMOLO, KAREN S	2.2 NAME	
STREET ADDRESS	2464 STOCKTON DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE

[Signature]

4/23/98

904-265-3300

CR2E034 (10/97)