COF	PROFIT PPORATION		TMENT OF S	STATE: \$750.	Aug 2		97 8:	
ANNUAL REPORT Secretary of S 1997 DIVISION OF CORPO				ONS	Secretary of State			
Corporation RMB CA	MENT # P9600 ABLE COMMUNICATIONS	Mailing Address						
250 CHAPEL STREET 7250 CHAPEL STREET ENSACOLA FL 32504 PENSACOLA FL 32504					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qua 12/20/1996		ate of Last R	leport
Principal P	Place of Business	28. Mailing Address 26 P.O. Box	744	57	4. FEI Number 59-34181	223		oplied For ot Applicable
Sulte, Apt. #, etc. City & State		Suite, Apt. #, etc.			 Certificate of Status Desir 		A 60 76	
		Çity & State			6. Election Campaign Finan Trust Fund Contribution	bing		
Zip	Country 25	29 32534	Country	SA_	8. This corporation owes or Personal Property Tax du	e June 30.	Yes	tangible No
HUS	9. Name and Address of Cu STON, GARY W	urrent Registered Agent	81	Name	10. Name and Address of N	ew Registered	Agent	
:::::'3 ₩	EST GARDEN STREET		82	Street Ad	dress (P.O. Box Number is Not Ac	ceptable)		
FCN	13AUULA FL 32301		83		·····	<u>-</u> .		
			84	City		EI	85 Zip	Code
. Pursuant office or	to the provisions of Sections 607	0502 and 607 1508 Elorida Statute						
agent. I a	registered agent, or both, in the t am familiar with, and accept the c	State of Florida. Such change was a obligations of, Section 607.0505, Flo	es, the above sulhorized by prida Statute:	e-named co y the corpor s.	rporation submits this statement for ation's board of directors. I hereby	r the purpose o accept the app	of changing li pointment as	ts registered registered
agent. I a GNATURE					rporation submits this statement for ation's board of directors. I hereby	r the purpose o r accept the app DATE	of changing li pointment as	ts registered registered
	Signature, typed or printed name of register	od agent and litte if applicable (NOT)	Registered Age		wired when reinslating) ADDITIONS/CHANGES TO	DATE OFFICERS AN		RS IN 12
	Signature, typed or printed name of register	od agent and litte if applicable (NOT	Registered Age	ent signature req			D DIRECTOF	
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