

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 20 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000000943**

1. Corporation Name

MAIN-1 COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

4233 NW 120 LANE
SUNRISE FL 33323

4233 NW 120 LANE
SUNRISE FL 33323



REINSTATEMENT 99

3. Date Incorporated or Qualified

01/06/1997

4. FEI Number

65-0722368

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 **10117 W. Oakland PK**

2a. Mailing Address

26 **10117 W. Oakland PK**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Bldg #308**

27 **Bldg #308**

City & State

City & State

23 **Sunrise FL**

28 **Sunrise FL**

Zip

Country

Zip

Country

24 **33351**

25 **USA**

29 **33351**

30 **USA**

9. Name and Address of Current Registered Agent

GARNER, JUDY F
4233 NW 120 LANE 10117 W. OAKLAND PK.
SUNRISE FL 33323 Bldg #308
SUNRISE FL 33351

10. Name and Address of New Registered Agent

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 **Judy Garner** **Dec-18-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE **V** ☐ DELETE
NAME **GARNER, LESLIE**
STREET ADDRESS **4233 NW 120 LANE**
CITY-ST-ZIP **SUNRISE FL 33323**

TITLE **P** ☐ DELETE
NAME **GARNER, JUDY**
STREET ADDRESS **4233 NW 120 LANE**
CITY-ST-ZIP **SUNRISE FL 33323**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **V** ☒ Change ☐ Addition
1.2 NAME **GARNER LESLIE**
1.3 STREET ADDRESS **10117 W. OAKLAND PK. Bldg. #308**
1.4 CITY-ST-ZIP **SUNRISE FL 33351**

2.1 TITLE **P** ☒ Change ☐ Addition
2.2 NAME **GARNER JUDY**
2.3 STREET ADDRESS **10117 W. OAKLAND PK. Bldg #308**
2.4 CITY-ST-ZIP **SUNRISE FL 33351**

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: **Judy Garner** **President**

Dec-13-1999
Sept-14-1999 868-446-723

KE