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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000017230 (8)

COMMUNICATION TECHNOLOGIES UNLIMITED, INC.

Principal Place of Business	Mailing Address
1123 WESTDALE DRIVE	1123 WESTDALE DRI

FILED Mar 20 1998 8:00am Secretary of State



1123 WESTDA JACKSONVILL			1123 WESTDALE DRIV JACKSONVILLE FL 323				DO NOT WRITE IN THIS SPACE
•							3. Date Incorporated or Qualified 02/20/1997
2. Principal Pi	ace of Business	S	2a. Mailing Address				4. FEI Number Applied For
21			26				59-3437500 Not Applicab
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			<u></u>	5. Certificate of Status Desired S8.75 Additional Fee Required
City & State	e		City & State				6. Election Campaign Financing \$5.00 May Be
23			28				Trust Fund Contribution Added to Fees
Žip	_	Country	Ζιρ	Co	Country		 This corporation owes or has paid the current year Intangible
24	25		29	30	30		Personal Property Tax due June 30. 🔀 Yes 🗌 No
		d Address of Current			04	A 1	10. Name and Address of New Registered Agent
		PLAN, ATTORNEY, I	P.A.		81	Name	
	00 ATLANTIC				82	Street A	Address (P.O. Box Number is Not Acceptable)
JAC	CK\$ONVILLE I	FL 32207					
					83		
					84	City	FL 85 Zip Code
11. Pursuant	to the provisions	s of Sections 607.0502	and 607.1508, Florida Sta	tutes, the a	bove	e-named (corporation submits this statement for the purpose of changing its registered
office or re	ealstered agent	, or both, in the State i	of Florida. Such change wa tions of, Section 607.0505,	is authorize	ed by	/ the corp	poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Slaneture typed or p	rinled name of registered ager	t and two if applicable //	IOTE: Projetor	ed Ane	ani sionalure i	e required when reinstating) DATE
12.	arginatore, types or p	OFFICERS AND		13.	o ngc	an argumentore :	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		DELETE	1.1 1	ITLE		Change Addition
NAME	HOWARD,	BILLY G		1.2)	IAME		
STREET ADDRESS		TDALE DRIVE				ADDRESS	
CITY-ST-ZIP		ALLE FL 32211		1	OTY-S	- 1	
TITLE			DELETE	2.1 7		-	Change Addition
NAME				2.2	AME		
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP		,				ST-ZIP	
TITLE			DELETE	3.1 7			Change Addition
NAME				3.21	IAME		
STREET ADDRESS				3.3 9	TREET	ADDRESS	
CITY-ST-ZIP						ST-ZIP	
TITLE			DELETE	4.1 1			Change Addition
NAME				4. 2	NAME		
STREET ADDRESS				4.3 5	TREET	ADDRESS	
CITY-ST-ZIP				4.4 (CITY-S	ir-zip	
TITLE			☐ DELETE	5.1 1			Change Addition
NAME				5.2	E AME		
STREET ADDRESS				5.3 5	TREET	ADDRESS	
CITY-ST-ZIP					OTY-S		
TITLE			DELETE	6.1	ITLE		☐ Change ☐ Addition
NAME				6.2	AME		
STREET ADDRESS				6.3 9	TREET	ADDRESS	
CITY-ST-ZIP					CITY-S	- 1	
14 I hereby o	ertify that the in	formation supplied wi	th this filing does not qualify	y for the ex	emp	tion state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated officer or o	on this annual r	eport or supplemental errogration or the rece	Lannual report is true and a	accurate ar	na thi	at my siar	gnature shall have the same legal effect as if made under oath; that I am an s required by Chapter 607, Florida Statutes; and that my name appears in