## 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

P97000034034 (3) DOCUMENT #

1. Corporation Name

PIPER COMMUNICATIONS, INC.

Principal Place of Business Mailing Address 4460 MEADOWOOD DRIVE 4460 MEADOWOOD DRIVE MULBERRY FL 33660 MULBERRY FL 33860 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/14/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59 - 3450402 Not Applicable Suite, Apt. #, etc. Suite, Apl. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name Greenfelder, glen e esq. 14217 THIRD STREET 82 Street Address (P.O. Box Number is Not Acceptable) DADE CITY FL 33523 83 84 City 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE ☐ Change ... Addition PIPER, PATRICK C MALAS 12 NAME 4460 MEADOWOOD DRIVE STREET ADDRESS 1.3 STREET ADDRESS **MULBERRY FL 33860** CITY - ST - ZIP 1.4 City-St-ZiP TITLE DELETE ☐ Change 21 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CHTY-ST-ZIF 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change ■ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREE1 ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP

14. Thereby 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the recover 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 artifaction with an address.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

DELETE

941-646-1941

Change

Change

Addition

Addition

**FILED** 

Feb 26 1998 8:00am

Secretary of State