

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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000039800 (2)

1. Corporation Name
ALL-IN-ONE COMMUNICATIONS, INC.



Principal Place of Business: **111 N. ORANGE AVENUE #1200 ORLANDO FL 32801**
 Mailing Address: **111 N. ORANGE AVENUE #1200 ORLANDO FL 32801**

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------|---------------------|---------|--|-------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 05/05/1997 | |
| 21 | 22 | 26 | 27 | 4. FEI Number 59-3446484 | Applied For Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| City & State | | City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 23 | 24 | 28 | 29 | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Zip | Country | Zip | Country | | |
| 25 | 29 | 30 | | | |

| | | | | | | | |
|---|--|--|--|--|--|-----------|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| SHAMS, MAURICE 111 N. ORANGE AVENUE #1200 ORLANDO FL 32801 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

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 | <input type="checkbox"/> DELETE | | 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HUHN, CLETE F | | | 1.2 NAME | | | |
| STREET ADDRESS | 1100 S. ORANGE AVENUE | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | ORLANDO FL 32806 | | | 1.4 CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MORAN, THOMAS P | | | 2.2 NAME | | | |
| STREET ADDRESS | 111 N. ORANGE AVENUE #1200 | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | ORLANDO FL 32801 | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LOCKARD, LARRY | | | 3.2 NAME | | | |
| STREET ADDRESS | 700 E. MICHIGAN AVENUE #102 | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | ORLANDO FL 32806 | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SHAMS, MAURICE | | | 4.2 NAME | | | |
| STREET ADDRESS | 111 N. ORANGE AVENUE #1200 | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | ORLANDO FL 32801 | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HIATT, JACK | | | 5.2 NAME | | | |
| STREET ADDRESS | 3033 MERCY DRIVE | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | ORLANDO FL 32808 | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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.

Sandra B. Morham 4/21/98 407 841 1111

CR2E034 (10/97)