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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000039825

1. Corporation Name

PTI COMMUNICATION, INC.

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90116 025 ***150.00

Principal Place	e of Business	Mailing Address					
719 TORCHWOOD DR 719 TORCHWOOD DR							
DELAND FL 32724 DELAND FL 32724						DO NOT WRITE IN THIS SPACE	
ie						3. Date Incorporated or Qualifed 05/01/1997	
2. Princinal P	lace of Business	2a. Mailing Address					ed For
21		26				APPLIED FOR STANDED NOT A	pplicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	***************************************			5. Certificate of Status Desired \$8.75 Add	
22	·					Fee Requ	
City & Stat	е	City & State				6. Election Campaign Financing \$5.00 Ma	
23		28				Trust Fund Contribution Added to F	ees
Zip Country		<u></u>	Zip Country			8. This corporation owes the current year Intangible Personal Property Tax Ves Vol	
24	25]	29	30			Personal Property Tax.	1110
	9. Name and Address of Curre	aur vedistelen Abeut		81	Name	10. Isulia dia Cantono of Itan Indianata Can	
HAR	TMAN, WILLIAM			L			
719 TORCHWOOD DR				82	Street Add	ress (P.O. Box Number is Not Acceptable)	
DELAND FL 32724		•		83			
				84	City	FL 85 Zip Coo	de
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, F	-lorida Stat	utes.		on's board of directors. I hereby accept the appointment as regis	
12.	OFFICE PS (
1 12.	OFFICERS A	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	P	AND DIRECTORS	13.	TLE			S IN 12
	P HARTMAN, WILLIAM						
TITLE	P HARTMAN, WILLIAM 719 TORCHWOOD DR		1.1 To	AME	ADDRESS		
TITLE NAME	P HARTMAN, WILLIAM	☐ DELETE	1.1 Ti 1.2 Ni 1.3 Si	AME		[☐ Change	☐ Addition
TITLE NAME STREET ADDRESS	P HARTMAN, WILLIAM 719 TORCHWOOD DR DELAND FL 32724 V		1.1 Ti 1.2 Ni 1.3 Si	AME TREET A		[☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARTMAN, WILLIAM 719 TORCHWOOD DR DELAND FL 32724 V SLABODNIK, FRANK	☐ DELETE	1.1 Ti 1.2 Ni 1.3 Si 1.4 Ci 2.1 Ti 2.2 Ni	AME TREET A ITY-ST- TLE AME	ZIP	[☐ Change	☐ Addition
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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, with all other like empowered.

SIGNATURE: _\

