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Mar 08, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000052386

1. Corporation Name

NATIONAL COMMUNICATION SERVICES, INC.

Principal Place of Business Mailing Addres			ailing Address					i issuissi iis isni issii esiii esiii esiii esiii eeiii	112 11555	11181 18	11 2 2 111 1221	
677 N. WASHINGTON BLVD. SUITE 66			677 N. WASHINGTON BLVD. SUITE 66									
SARASOTA FL 34236			SARASOTA FL 34236				DO NOT WRITE IN THIS SPACE					
							3.	Date Incorporated or Qualifed 06/13/1997				
2. Principal Pl	ace of Business	2a.	Mailing Address				4.	FEI Number		Appl	ied For	
21		26						04-3073000			Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				6	Certifcate of Status Desired			ditional	
22			27						Fe	e Requ	ired	
City & State			City & State				6.	Election Campaign Financing	-		lay Be	
23			28				<u> </u>	Trust Fund Contribution	Add	ded to	Fees	
Zip				Country	4.			This corporation owes the current year Inta				
24	25	29		0			1	Torochart roporty rum	Yes		INO	
	9. Name and Address of Current	Regis	itered Agent	81		Name	10.	Name and Address of New Registered A	gent			
D177	UTO, JACOB			"	1	Name						
677 N. WASHINGTON BLVD.				82	2	Street Addre	fress (P.O. Box Number is Not Acceptable)					
SUITE 66				83	+							
SARASOTA FL 34236			0.3	'								
OAN.	4301A 1 E 34200			84	•	City		FL	85	Zip Co	de	
					Ĺ			<u> </u>	<u> </u>	- Ito	sistand	
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											stered	
agent. I a	n familiar with, and accept the obligat	ions of	, Section 607.0505, Florid	la Statute:	S.			. /- /-				
SIGNATURE	m then	1						//22/9	9		\	
	Signature, typed or printed ratine pregistered agent				ent s	signature required		ADDITIONS/CHANGES TO OFFICERS AND	DIRE	CTOR	S IN 12	
12.	PD OFFICERS ANI	שאוט כ	DELETE	13. 1.1 TITLE				ADDITIONS/C/IANGES TO OFFICERS AND	☐ Chai		Addition	
TITLE			Į.	1.2 NAME			•	_		_		
NAME	PIZZUTO, JACOB			1.3 STREE		*DODECC					i	
STREET ADDRESS	677 N. WASHINGTON BLVD.											
CITY-ST-ZIP	SARASOTA FL 34236 SDT				1.4 CITY-ST-ZIP 2.1 TITLE				☐ Chai	nae	Addition	
TITLE				2.2 NAME						_		
NAME	PIZZUTO, JACOB			2.3 STREE		ADODCCC						
STREET ADDRESS	677 N. WASHINGTON BLVD.							<u> </u>	* * *			
CITY-ST-ZIP				2.4 CITY-ST-ZIP 3.1 TITLE				☐ Cha	nge	Addition		
TITLE			ے محددات	3.2 NAME					_	•	_	
NAME				3.3 STREE		*DOULGG						
STREET ADDRESS				3.4. CITY-		\					l	
CITY-ST-ZIP TITLE			☐ DELETE	4.1 TITLE		-2119		77.988	Cha	nge	Addition	
				4. 2 NAME					_	_	_	
NAME						ADORESS		•				
STREET ADDRESS						ľ		•				
CITY-ST-ZIP			☐ DELETE	4.4 CITY-: 5.1 TITLE		ZIF			Cha	nge	Addition	
TITLE			_ 5222,2	5.2 NAME					_	-	_	
NAME				5.3 STREE		ADDRESS					}	
STREET ADDRESS				5.4 CITY-		ì						
CITY-ST-ZIP			☐ DELETE	6.1 TITLE					☐ Cha	nge	Addition	
NAME	•			6.2 NAME		}						
· of William												

CITY-ST-ZIP 14. 1 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS