


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

**FILED**  
**Mar 05 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P97000052512 (5)**  
 1. Corporation Name  
**CLAS COMMUNICATIONS, INC.**



Principal Place of Business <b>233 EAST BAY STREET SUITE 901, BLACKSTONE BUILDING JACKSONVILLE FL 32202</b>	Mailing Address <b>233 EAST BAY STREET SUITE 901, BLACKSTONE BUILDING JACKSONVILLE FL 32202</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/11/1997</b>	
21 Suite, Apt. #, etc.	22 City & State	25 Country	26 Suite, Apt. #, etc.	27 City & State	28 Zip
23 Zip	24 Country	29 Zip	30 Country	4. FEI Number <b>59-3451402</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				5.00 May Be Added to Fees	
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					

9. Name and Address of Current Registered Agent <b>LEPRELL, SAMUEL L. LEPRELL, SAMUEL L. 233 EAST BAY STREET SUITE 901, BLACKSTONE BUILDING Building JACKSONVILLE FL 32202</b>				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
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 \_\_\_\_\_  
 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 <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>D, VP, T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LEPRELL, SAMUEL L</b>		1.2 NAME	
STREET ADDRESS <b>233 EAST BAY STREET</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>JACKSONVILLE FL 32202</b>		1.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>D, VP, S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SARRA, MISSIE G</b>		2.2 NAME	
STREET ADDRESS <b>233 EAST BAY STREET</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>JACKSONVILLE FL 32202</b>		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <b>D, P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME <b>D. LAWRENCE CASE</b>	
STREET ADDRESS		3.3 STREET ADDRESS <b>2640 RIVER ROAD</b>	
CITY-ST-ZIP		3.4 CITY-ST-ZIP <b>JACKSONVILLE, FL 32207</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

CR2E034 (10/97)