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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000055101**1. Corporation Name

O'NEILL COMMUNICATIONS CORPORATION

FILED Apr 30, 1999 8:00 am Secretary of State 04-30-1999 90143 035 ***150.00



Principal Place	e of Business		Ma	ailing Address								
9839 COUNTRY OAKS DR.				9839 COUNTRY OAKS DR.								
FT. MYERS FL 33912 FT. MYERS FL 33912									DO NOT WRITE IT	N THIS SF	PACE	
	•								3. Date Incorporated or Qualifed 06/23/1997			_
2. Principal Pl	lace of Business		2a.	Mailing Address					4. FEI Number		Ap	plied For
21			26	 					65-0771410		No	t Applicable
Suite, Apt. #, etc				Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75	Additional
22		•	27					ı	5. Certificate of Status Desireo		Fee Re	quired
City & State				City & State					6. Election Campaign Financing		\$5.00	May Be
23			28						Trust Fund Contribution		Added	o Fees
Zip		Country	\Box	Zip	Cc	ountry	ı		8. This corporation owes the current y			
24	25		29		30	,			Personal Property Tax.		J Yes	□No
	9. Name an	d Address of Curre	nt Regis	tered Agent	_	104	T		10. Name and Address of New Regis	stered Ag	ent	
O'NE	EILL, MICHELE	: м				81	Name)				i
	COUNTRY O					82	Stree	t Addre	ss (P.O. Box Number is Not Acceptable)		*	
	MYERS FL 339					_	<u> </u>					
ri. r	MIENO PL 33	71 <u>4</u>				83						
						84	City				85 Zip	Code
	·							-		FL	<u> </u>	
11. Pursuant	agistared agent	of Sections 607.05	02 and 6	07.1508, Florida Statu	tes, the	above	e-name	d corpo	oration submits this statement for the purph's board of directors. I hereby accept the	ose of cha appointm	anging its nent as re	registered gistered
				la Such change was	コリナカヘバフィ	od hv	the cor	noratior				
office or re agent. I ar	m familiar with,	and accept the oblig	ations of,	la. Such change was , Section 607.0505, Fl	authorize orida Sta	ed by atutes	the cor	poration	is position directors. Thereby accept the			_
agent. I a	m familiar with,	and accept the oblig	ations of,	da. Such change was Section 607.0505, Fl	orida Sta	atutes	the cor		·			
agent. I a	m familiar with,	and accept the obligation	ations of,	da. Such change was Section 607.0505, Fl of applicable. (NOT	orida Sta	atutes ed Agen	the cor		when reinstating)	DATE		
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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 supplier at all 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 man attachment with an address, with all other like empowered.

SIGNATURE