

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000074801 (6)

1. Corporation Name

PLF, INC.

Principal Place of Business

448 MEADOWOOD BOULEVARD
FERN PARK FL 32730

Mailing Address

448 MEADOWOOD BOULEVARD
FERN PARK FL 32730

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1997

4. FEI Number

593464810

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 COMMUNICATIONS SALES CO.

Suite, Apt. #, etc.

2a. Mailing Address

26 835 LEE ROAD

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

27 City & State

28 ORLANDO, FL

Zip

Country

29 32810

30 ORANGE

9. Name and Address of Current Registered Agent

FINKE, PAMELA L
448 MEADOWOOD BOULEVARD
FERN PARK FL 32730

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	PAMELA L. FINKE	
STREET ADDRESS	448 MEADOWOOD BLVD.	
CITY-ST-ZIP	FERN PARK, FL. 32730	
TITLE	TREASURER, SEC.&CEO	<input type="checkbox"/> DELETE
NAME	JOHN B. FINKE	
STREET ADDRESS	448 MEADOWOOD BLVD.	
CITY-ST-ZIP	FERN PARK, FL. 32730	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

200002608302
-08/06/98--01010--032
***150.00

PC
8.3

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: Pamela S. Finke / President PAMELA L. FINKE 7/8/98 (407) 628-8005

FILED
Aug 03 1998 8:00am
Secretary of State



CR2E034 (5/98)

Pg 2

COMMUNICATIONS SALES COMPANY
835 LEE ROAD
ORLANDO, FLORIDA 32810

JULY 27, 1998

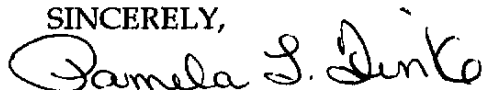
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

TO WHOM IT MAY CONCERN:

IN TODAYS MAIL, WE RECEIVED BACK OUR APPLICATION AND FEE. I
CALLED YOUR OFFICE (850)487-6054 AND TALKED TO MR. TEROME
SCOTT.

MR. SCOTT TOLD ME TO SEND THIS LETTER AND PREVIOUS LETTER TO
YOUR DEPARTMENT AND ASK THAT THE LATE FEE OF \$400.00 BE
WAIVED AS WE DID NOT RECEIVE A FIRST NOTICE, NOR AS A NEW
COMPANY WE WERE NOT AWARE OF THIS FILING REQUIREMENT.

SINCERELY,



PAMELA L. FINKE
PRESIDENT OF PLF. INC.
448 MEADOWOOD BLVD.
FERN PARK, FLORIDA 32730

CORPORATION NUMBER
P97000074801