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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000074801

## **FILED** Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90024 001 \*\*\*150.00

| PLF, INC  |  |   |   |   |  |  |
|---|--|---|---|---|--|--|
|   |  | AA-W Add                                  |   |   |  | # 1 <b>68</b> ## <b>8168</b> # 18## 88## 118# #88#   |
| Principal Place   |  | Mailing Address                           |   |   |  |  |
| COMMUNICATIONS SALES CO. 835 LEE ROAD 448 MEADOWOOD RIVD ORLANDO FL 32810   |  |   |   |   | }  |  |
| 448 MEADOWOOD BLVD. ORLANDO FL 32810 FERN PARK FL 32730                     |  |   |   | •   | DO NOT WRITE IN THI  | S SPACE  |
| FERIN FARIK FE  | . 32/30  |   |   |   | 3. Date Incorporated or Qualifed   |  |
|   |  |   |   |   | 08/28/1997   |  |
| 2. Principal P  | lace of Business   | 2a. Mailing Address                       |   |   | 4. FEI Number  | Applied For  |
| 21  |  | 26  |   |   | 59-3464810   | Not Applicable   |
| Suite, Apt.   | #, etc.  | Suite, Apt. #, etc.                       |   |   |  | \$8.75 Additional  |
| 22  |  | 27  |   |   | 5. Certificate of Status Desired   | Fee Required   |
| City & State  | e  | City & State                              | ity & State   |   | 6. Election Campaign Financing   | \$5.00 May Be  |
| 23  |  | 28  |   | Trust Fund Contribution                                       | Added to Fees  |  |
| Zip   | Country  | Zip                                       | Countr  | у   | 8. This corporation owes the current year I  | ntangible  |
| 24  | 25   | 29  | 30  |   | Personal Property Tax.   | Yes Ano  |
|   | 9. Name and Address of Current   | Registered Agent                          |   |   | 10. Name and Address of New Registere  | d Agent  |
|   |  | 4. C. | 8   | 1 Name  |  |  |
|   | (E, PAMELA L   |   | 8:  | 2 Street A  | ddress (P.O. Box Number is Not Acceptable)   |  |
|   | MEADOWOOD BOULEVARD  |   | .   |   |  | n in a state of the state of th |
| FERI  | N PARK FL 32730  | •   | 83  | 3   |  | 4個核有質優數 1  |
|   |  |   | 84  | 4 City  |  | 85 Zip Code  |
|   |  |   | 8   | City  | F  | L   03   2.15 0000   |
| office or r<br>- Anagent, I a   | to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat | of Florida. Such change was au            | monzea o  | A flie colboi   | corporation submits this statement for the purpose or ration's board of directors. I hereby accept the app   | of changing its registered<br>ointment as registered   |
| SIGNATURE   | Signature, typed or printed name of registered agent   | t and title if applicable. (NOTE: I       | Registered Ag   | ent signature re  | quired when reinstating) DATE  |  |
| 12.   | OFFICERS AN  |   | 13.   |   | ADDITIONS/CHANGES TO OFFICERS A  |  |
| TITLÉ   | P  | ☐ DELETE                                  | 1.1 TITLE   |   | 1 * 1  | Change Addition  |
| NAME  | FINKE, PAMELA L  |   | 1.2 NAME  |   |  |  |
| STREET ADDRESS  | 448 MEADOWOOD BLVD.  |   | 1.3 STRE  | ET ADDRESS  |  | •  |
| CITY-ST-ZIP   | FERN PARK FL 32730   |   | 1.4 CITY-   | ST-ZIP  |  |  |
| TITLE   | TS   | ☐ DELETE                                  | 2.1 TITLÉ   |   |  | ☐ Change . ☐ Addition  |
| NAME  | FINKE, JOHN B  |   | 2.2 NAME  |   |  |  |
| STREET ADDRESS  | AAO MEADOWOOD DIND   |   | 2.3 STRE  | ET ADDRESS  |  |  |
| CITY-ST-ZIP   | FERN PARK FL 32730   | • •                                       | 2. 4 CITY   | -ST-ZIP   |  |  |
| TITLE   | CEO  | DELETE                                    | 3.1 TITLE   |   |  |  |
| NAME  | FINKE, JOHN B  |   |   |   |  | ☐ Change ☐ Addition  |
| STREET ADDRESS  |  |   |   |   | • .  | ☐ Change ☐ Addition  |
| , ,   |  |   | 3.2 NAME  |   | The state of the s | ☐ Change ☐ Addition  |
| CITY-ST-ZIP   | 448 MEADOWOOD BLVD   |   | 3.2 NAME<br>3.3 STRE  | ET ADDRESS  |  | ☐ Change ☐ Addition  |
| TITLE   | FERN PARK FL 32730   |   | 3.2 NAME<br>3.3 STRE<br>3.4. CITY   | ET ADDRESS<br>-ST-ZIP   |  | Change Addition  |
| TITLE   |  | ☐ DELETE                                  | 3.2 NAME 3.3 STRE 3.4. CITY 4.1 TITLE   | ET ADDRESS<br>-ST-ZIP   |  |  |
| NAME  | FERN PARK FL 32730   |   | 3.2 NAME 3.3 STRE 3.4. CITY 4.1 TITLE 4. 2 NAME   | ET ADDRESS -ST-ZIP  |  |  |
| NAME<br>STREET ADDRESS  | FERN PARK FL 32730   |   | 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STRE  | ET ADDRESS -ST-ZIP E ET ADDRESS                               |  |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       | FERN PARK FL 32730   | ☐ DELETE                                  | 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY  | E E ADDRESS ET ADDRESS ET ADDRESS ET ADDRESS ST-ZIP           |  | Change Sa ☐ Addition   |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       | FERN PARK FL 32730   |   | 3.2 NAME 3.3 STRE 3.4. CITY 4.1 TITLE 4. 2 NAM 4.3 STRE 4.4 CITY- 5.1 TITLE   | ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP ST-ZIP              |  |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       | FERN PARK FL 32730   | ☐ DELETE                                  | 3.2 NAME 3.3 STRE 3.4. CITY. 4.1 TITLE 4. 2 NAM 4.3 STRE 4.4 CITY. 5.1 TITLE 5.2 NAME                                   | ET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP ST-ZIP               |  | Change Sa ☐ Addition   |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       | FERN PARK FL 32730   | ☐ DELETE                                  | 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAME 5.3 STRE                              | E EET ADDRESS EET ADDRESS EET ADDRESS EET ADDRESS EET ADDRESS |  | Change Sa ☐ Addition   |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME                      | FERN PARK FL 32730   | DELETE                                    | 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAME 5.3 STRE 5.4 CITY                     | E E E ADDRESS ST-ZIP  |  | Change Addition  |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS                   | FERN PARK FL 32730   | ☐ DELETE                                  | 3.2 NAME 3.3 STRE 3.4. CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAME 5.3 STRE 5.4 CITY 6.1 TITLE          | E EET ADDRESS ST. ZIP   |  | Change Sa ☐ Addition   |
| NAME STREET ADDRESS 'CÍTY-ST-ŻIP' TITLE NAME STREET ADDRESS CITY-ST-ŻIP     | FERN PARK FL 32730   | DELETE                                    | 3.2 NAME 3.3 STRE 3.4. CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAME 5.3 STRE 5.4 CITY 6.1 TITLE 6.2 NAME | E E E E E E E E E E E E E E E E E E E                         |  | Change Addition  |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | FERN PARK FL 32730   | DELETE                                    | 3.2 NAME 3.3 STRE 3.4. CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAME 5.3 STRE 5.4 CITY 6.1 TITLE 6.2 NAME | E EET ADDRESS ST. ZIP   |  | Change Addition  |

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: