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

FILED Jul 29 1998 8:00am Secretary of State

| DOCUMENT # P9700080133 (6) | | | | | |
|--|--|---|---|---|---|
| | MUNICATIONS, INC. | | | | I ABANI OBIDI KIDDE KINDO KIKI KEDI |
| Principal Place | o of Business | Mailing Address | | 1 | 1 10 114 11181 11181 11184 1111 1184 |
| | | • | | | |
| OPLANDO FL 3 | · · · · · | 8028 TOWNE CT. ORLANDO FL 32818 | | | |
| | | 01101100 12 02010 | | DO NOT WRITE IN THE | \$ SPACE |
| | | | | 3. Date Incorporated or Qualified | |
| | | | | 09/15/1997 | |
| 一 ノヴィノ | 100 of Business 60 W. Colonial Dr | 2a. Mailing Address | | 4. FEI Number 59-3472096 | Applied For |
| 21 / 3 5 (Suite, Apt. | | Suite, Apt. #, etc. | | 27-34-12076 | Not Applicable |
| 22 Sur | ie"#450 | 27 | | 5. Certificate of Status Desired | Fee Required |
| City & State | θ | City & State | | Election Campaign Financing | \$5.00 May Be |
| اسروا [23 | ter Garden. FL. | 28 | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes or has paid the cu | |
| 24 <u>34 T</u> | 25 USA | 29 | 30 | | ✓ Yes |
| | 9. Name and Address of Current | Registered Agent | 81 Name | 10. Name and Address of New Registered | I Agent |
| | DUE, R. PATRICK | | 81 Name | | |
| | TOWNE CT. | | 82 Street Add | ress (P.O. Box Number is Not Acceptable) | |
| OKD | ando fl 32818 | | 83 | | |
| | | | | | |
| | | | 84 City | Fi | 85 Zip Code |
| 11. Pursuant | to the provisions of sections 607 0502 | and 607 1508. Florida Statute | as the above-named coroo | pretion submits this statement for the purpose of | |
| office or | registered agent, or both, in the State of amiliar with, and accept the obligation | of Florida. Such change was : | authorized by the corporat | ion's board of directors. I hereby accept the appo | ointment as registered |
| SIGNATURE | ant taminal with and accept the oblige | 10113 bi, accitor 007.0000, 11 | bilga Olatoles, | | |
| GIGHALOINE | | | | | |
| | Signature, typed or printed name of registered agent | and title if applicable (N | OTE: Registered Agent signature req | <u> </u> | |
| 12. | OFFICERS AND | | 13. | juired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTORS IN 12 |
| 12. TITLE | OFFICERS AND | | 13. 1.1 TITLE | <u> </u> | ND DIRECTORS IN 12 Change Addition |
| 12. TITLE NAME | OFFICERS AND CAUDLE, R. PATRICK | DIRECTORS | 13. 1.1 TITLE 1.2 NAME | <u> </u> | |
| 12. TITLE NAME STREET ADDRESS | OFFICERS AND CAUDLE, R. PATRICK B028 TOWNE CT. | DIRECTORS | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS | <u> </u> | |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND CAUDLE, R. PATRICK | D DIRECTORS DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | <u> </u> | Change Addition |
| 12. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE | OFFICERS AND CAUDLE, R. PATRICK B028 TOWNE CT. | DIRECTORS | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE | <u> </u> | |
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Indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it 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.

IGNATURE:

| SIGNATURE | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR | Date | Daytime Phone #

SIGNATURE: