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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000085168 (7)

COMMUNICATION ADVISERS, INC.								
Principal Place of B	usiness	Mailing Address						
245 STONER ROAD			245 STONER ROAD					
WINTER SPRINGS FL 32708		WINTER SPRINGS FL 32708					DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualified	
					_		10/02/1997	
2. Principal Place of Business		F1	2a. Mailing Address				4. FEI Number X/ Applied For	
21			26				59-3467762 Not Applicable	
Suite, Apt. #, etc.		27	Suite, Apt #, etc.				5. Certificate of Status Desired See Required	
City & State 23		28	ly & State				Election Campaign Financing Trust Fund Contribution Added to Fees	
Zip 24	Country 25	29	t,	Coun	try		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
	Name and Address of Co	rrent Register	ed Agent				10. Name and Address of New Registered Agent	
11. Pursuant to the office or registe agent. I am fur SIGNATURE	L KILLINI	4000		utes, the abo authorized lorida Statu			FL 85 Zip Code reporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered 3/2/98	
12.		AND DIRECTO		13.	Agio	ril signature requ	ared whon reinstailing) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	7 OFFICENS	NIND DIRECTO	DELETE	1,1 1016	E		Change Addition	
NAME B	DOTON, JENNIFER L			1.2 NAM	Æ.		_ , _	
	IS STONER ROAD			1.3 STRI	ÉET .	ADDRESS		
CITY-ST-ZIP W	INTER SPRINGS FL 32	708		1.4 City	/- S1	T-ZIP		
TITLE			DELFTE	2.1 TITL	E		Change Addition	
NAME				2 2 NAM	Æ	!		
STREET ADDRESS				2.3 STR	EET :	ADDRESS		
CITY-ST-ZIP				2. 4 CIT	Y - S	ST-ZIP		
TITLE			DELETE	3.1 TITU	E		☐ Change ☐ Addition	
NAME				3.2 NAM	4E			
STREET ADDRESS				3.3 STRI	EET	ADDRESS		
City-St-ZiP				3 4. CIT	Y-\$	ST-ZIP		
TITLE			DELFTE	4.1 TITL	F.		Change Addition	
NAME)				4. 2 NA	ME	Ì		

CITY-ST-ZIP 14. Thereby 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 trusted 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

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

53 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

5 1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELFTE

DELETE

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE NAME

407-695-9388

Change

Addition

Addition

FILED

Mar 12 1998 8:00am

Secretary of State