## 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 # P97000085168

1. Corporation Name

COMMUNICATION ADVISERS, INC.

## **FILED** Jan 22, 1999 8:00am **Secretary of State** 01-22-1999 90066 020 \*\*\*150.00



Principal Plac	e of Business		Mailing Address				-	ile <b>Ba</b> iel <b>Ba</b> eri	IOIOL OIEB IEBI	
•			<del>-</del>				]			
245 STONER R			245 STONER ROAD WINTER SPRINGS FL 32708	R						
WHATEN OF WHATEN OF WHATEN				700			DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed			
į							10/02/1997			
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number Applied For			oplied For	
21			26						ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				_ \$8.75 Additional				
22		27				5. Certifcate of Status Desired		-	equired	
City & State			City & State			6. Election Campaign Financing		\$5.00	May Be	
23			28				Trust Fund Contribution		,	to Fees
Zip	Country	/	Zip	Coun	try	•	8. This corporation owes the curre	ent vear Inte		,
24	25		29	30			Personal Property Tax.	, , , , , , , , , , , , , , , , , , , ,	∐Yes	D2No
	9. Name and Addre		Registered Agent				10. Name and Address of New R	egistered .	Agent	
				1	81	Name				
BOC	TON, JENNIFER L			<u></u>	-	Otroot Addr	no /B O. Boy Number: a Net Access	hlal		
245 STONER ROAD			82 Street Ad			Sueet Addres	ss (P.O. Box Number is Not Accepta	ole)		
WIN	TER SPRINGS FL 327	08		ļ	B3			12.	1 -	
				ļ.	B4 (	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Secti	ions 607 0502 a	and 607 1508. Florida Statute	es the abo	ove-n	named cornor	ration submits this statement for the		hanging its	registered
office or r agent. I a	egistered agent, or both, m familiar with, and acce	in the State of pt the obligation	Florida. Such change was auns of, Section 607.0505, Flor	uthorized I	by the	e corporation	's board of directors. I hereby accep	t the appoin	itment as re	gistered
SIGNATURE	Signature typed or plined name		Sooh			ignature required w	,	17/9	9	
12.	<del></del>	FICERS AND		13.	90111 311	gnoune required to	ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTO	RS IN 12
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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 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: