PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Mar 01, 1999 8:00 am Secretary of State 03-01-1999 90029 001 ***150.00

FILED

DOCUMENT # P98000019293

DONLO COMMUNICATIONS, INC.

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| Principal Place of Business Mailing Address | | | . I I I I I I I I I I I I I I I I I I I | 'Sid (mita stată răsea list lăte |
|---|--------------------------------|---------------------------------|---|----------------------------------|
| 3444 11TH AVENUE NORTH 3444 11TH AVENUE NORTH ST. PETERSBURG FL 33713 ST. PETERSBURG FL 33713 | | | DO NOT WRITE IN THIS | SPACE |
| | | | 3_Date incorporated or Qualified | |
| | | _ | 02/27/1998 | |
| 2. Principal Place of Business 2a. Mailing Address | | | 4. FEI Number | Applied For |
| 21 | 26 | | 59-2496445 | Not Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | \$8.75 Additional |
| 27 | | | 5. Certificate of Status Desired | Fee Required |
| City & State | ^ | | 6. Election Campaign Financing | \$5.00 May 8e |
| 28 | | | Trust Fund Contribution | Added to Fees |
| Zip Country | Country Zip Country | | 8. This corporation owes the current year Intengible | |
| 24 | 5 | | Personal Property Tax. | |
| 9. Name and Address of Current | Registered Agent | | 10. Name and Address of New Registered A | ugent |
| ALL DOTAGE LABOUR | | B1 Name | | |
| MARGESON, LORRAINE | | 82 Street Addre | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 3444 11TH AVENUE NORTH | | | | |
| ST. PETERSBURG FL 33713 | | 83 | | ł |
| | | 84 City | | 85 Zip Code |
| | | 1-1, | FL | <u> </u> |
| 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 | | stered Agent signeture required | | <u> </u> |
| 12. OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICERS AND | |
| me President | | 1.1 TITLE | | ☐ Change ☐ Addition 등 |
| 1 0000 1000 1000 1000 | | 12 NAME | | 8 |
| STREET ADDRESS | St. Yetc. | 1 3 STREET ADDRESS | | l M |
| CITY-ST-ZIP 3444 | | 1.4 CITY-ST-ZIP | | ☐ Change ☐ Addition ☐ |
| TITLE U-Pres | | 2.1 TTLE | | Danie Dynamica C |
| NAME DONALD WAVE | Donald Margeson alpado FL 22NW | | | J |
| STREET ADDRESS | 41 ~ ~ ~ 13-1 | 2.3 STREET ADDRESS | • | |
| CTX-51-20 3944 11 TWE. | | 2.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| III.E | | 3.1 TITLE | | Careeda Dummi |
| NAME | L | 3.2 NAME | | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 34. CITY-ST-ZIP | | Change Addition |
| mle blace | | 4.2 NAME | | |
| NAME . | | 4 3 STREET ADDRESS | | |
| STREET ADDRESS | , <u> </u> | i i | | |
| CITY-SI-ZIP | | 44 City-St-ZIP | | ☐ Change ☐ Addition |
| NAME | - | 52 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 54 CTTY-ST-ZP | | |
| RIVE | | 8.1 TITLE | | Change Addition |
| NAME | C 5025.4 | 6.2 NAME | | |
| STREET ADDRESS | | B.3 STREET ADDRESS | | |
| } | | 84 CITY-ST-ZIP | | ĺ |
| CITY-ST-ZP | | | _ | |

14. I hereby carify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.