## 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 #** P98000065822

1. Corporation Name

VANGUARD COMMUNICATIONS GROUP, LIMITED OF SOUTH FLORIDA, INC.

## FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90153 041 \*\*\*150.00 04-14-1999 90153 042 \*\*\*\*\*8.75



Principal Place	of Business	Mailing Address	Mailing Address						
4500 BW 71ST AVE4500 BW 71ST AVE.									
FT: LAUDERDAL	E FL 33319	FTLAUDERDALE FL-33319	FT <del>LAUDERDALE-FL-33319 -</del>		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qual				
					07/24/1998				
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	. /	Apr	olied For	
21-11-93	N-W- 114- AVE	26 11-9-3=NV	J_//	4-AUE-	-65-08558	44	Not	Applicable -	
Suite, Apt.	Suite, Apt. #, etc.		<u> </u>	5. Certificate of Status Desire		\$8.75 A			
22		27			5. Certificate of Status Desire	<u> </u>	Fee Rec	quired	
City & State City & State					6. Election Campaign Finance	ing []	\$5.00	May Be	
23 COKAL	SPKINGS, FL	28 CORAL SPR	28 COBAL SPRINGS, FL			Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Cou	intry (	8. This corporation owes the	current year Int		_	
24 330	// 25 US		30	115	Personal Property Tax.	<del></del>	<del></del>	□No	
	9. Name and Address of Curre	ent Registered Agent		ad a	10. Name and Address of No	w Registered	Agent		
	(FAILN)			81 Name					
MARTIN, JENNY				82 Street Addr	ess (P.O. Box Number is Not Acc	eptable)			
	BW-71ST AVE.			1193	NW 71 AUG				
₩ <del>.</del> -L	-AUDERDALE FL 33319			83					
				84 City			85 Zip C	ode	
	_			PORAL	SPRINGS	<u> </u>			
11. Pursuant i	to the provisions of Sections 607.05 egistered agent, or both, in the Stat	502 and 607.1508, Florida Statute	s, the a	bove-named corp	oration submits this statement for	the purpose of ccept the appoi	changing its o	registered sistered	
agent. I as	egistered agent, or both, in the Statement and accept the obliq	gations of, Section 607.0505, Flor	ida Stat	utes.		озорг ило аррол	1		
SIGNATURE			フ	モルルタ .	MAATIN		125/9	9	
· · · · · · · · · · · · · · · · · · ·	Signature, typed or printed name of registered as		<u> </u>	Agent signature require		DATE	ID DIDEOTO	DC IN 42	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO	OFFICERS AN		Addition	
TITLE	PRES, SEC IT		1.1 TT				☐ Change	☐ Addition	
NAME	STEVE BAZSU	.29	1,2 N	AME					
STREET ADDRESS	1193 NW 114	40E 22A7/	1.3 \$7	TREET ADDRESS					
CITY-ST-ZIP	COBALSPRINGS			TY-ST-ZIP				☐ Addition	
TITLE		OELETE	2.1 Ti	TLE			Change	☐ Addition	
NAME ]			2.2 N	AME					
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STREET ADDRESS			3.3 ST	TREET ADDRESS					
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NAME.			5.2 N						
STREET ADDRESS			5.3 S	TREET ADDRESS					
CRY-ST-ZIP			5.4 CI	TY-ST-ZIP					
TITLE		DELETE	6.1 TI	TLE			☐ Change	Addition	
NAME	,		6.2 N	AME					
STREET ADDRESS			6.3 S	TREET ADDRESS					
CITY-ST-7!P			6.4 C	ITY-ST-ZIP					
OHIT-OH-LIF I				I I					

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 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 chapted of on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF