PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$03729

1, Corporation Name

PALM BEACH COUNTY COMMUNICATIONS COMPANY

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Principal Place	of Business	Mailing Address			(
1555 PALM BEA	ACH LAKES BLVD.	1555 PALM BEACH LAKES BE	LVD.						
SUITE 1100 SUITE 1100					DO NOT WRITE IN THIS SPACE				
WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401			1			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
					3. Date incorporated or Qualife	ı			
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	ace of Business	2a. Mailing Address			4. FEI Number		<u> </u>	plied For	
21		26			65-0222684	•		t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	X	\$8.75 A		
22		27			The second secon	العبية البياة الانتها		·	
City & State	9	- City & State			6. Election Campaign Financing	, [—]	\$5:00	,	
23		28			Trust Fund Contribution		Added t	o rees	
Zip	Country	Zip	Country	1	8. This corporation owes the cu	rrent year Int	angible •☑Yes	□No	
24	25	29 3	0		Personal Property Tax.	Desistered	-7=		
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New	Registered	Agent		
ECCI	Lestone, E. Llwyd, Jr.		01	Name					
	PALM BEACH LAKES BLVD.		82	Street A	ddress (P.O. Box Number is Not Accep	table)			
					***************************************			,	
	E 1100		83						
WES	T PALM BEACH FL 33401		84	City			85 Zip (Code	
	•			'	•	FL	. -		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above	e-named co	orporation submits this statement for th	e purpose of	changing its	registered	
office or re	egistered agent, or both, in the State on familiar with, and accept the obligation	f Florida. Such change was auti	norized by	tne corpor	ation's board of directors. I hereby acc	ept the appoi	mment as re	gistereu	
	m farmar with, and accept the congain	ong of, Cooker out to coof the	u olaloioo						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Ager	nt signature req	uired when reinstating)	DATE			
	Signature, typed or printed name of registered agent OFFICERS AND		egistered Ager	it signature req	uired when reinstating) ADDITIONS/CHANGES TO C		ID DIRECTO	RS IN 12	
12.				it signature req			ID DIRECTO	RS IN 12	
12.	OFFICERS AND	DIRECTORS	13.	it signature req					
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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 all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

RON COOPER MODELLE REQUIRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/99

561/686-2000

Daytime Phone #

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90166 026 ***158.75