## 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 # \$47817** 

(9)

1. Corporatio		ireless co	DMMUNICATIO	INC.						
Principal Plac	e of Busines	SS	Mail	ing Address			T I DECEDIR IN MINIT HEAD! HANDE IND	i i das madil didil di	IEIL BIOIT DIA	ii mimii emmi
3801 W LAKI	E MARY BLV	D	380	3801 W LAKEMARY BLVD						
SUITE 125 Lake Mary Fl 32746 US				SUITE 125 LAKE MARY FL 32746 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
			•				04/23/1991	·		
2. Principal P	lace of Busi	ness	2a. 1	Mailing Address			4. FEI Number	<del></del>	T An	plied For
21]				26			59-3067560		<del></del>	t Applicable
Suite, Apt #, etc				Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional
22			27	27			8. Cermicate of Status Desired		Fee Re	equired
City & Stato			, , ,	City & State			6. Election Campaign Financing \$5.00 May Be			
23			28				Trust Fund Contribution			
Zip	Country		<b>}</b> ¬	Zip Cou			8. This corporation owes or has paid the current year Intan Personal Property Tax due June 30.			
24	25 9, Name and Address of Curre			29 30			Personal Property Tax due Ju 10. Name and Address of New			J No
OI	BERTI, BR		or content negative	- CO Marin	81	Name	10, 110,000 010 1100	TO GIOLOGICO AL		
					82					
1086 EDMISTON PLACE LONGWOOD FL 32779						Street Add	eet Address (P.O. Box Number is Not Acceptable)			
	11011000	I C OZITO			83					
								<del></del>	[an [ a)	
					64	City		FL	<b> 85  </b> Zip (	Code
11. Pursuant office or ragent. La	to the provis egistered ag m familiar w	sions of Sections gent, or both, in ith, and accept	s 607.0502 and 607 the State of Florida the obligations of, 3	7.1508, Florida Stal i Such change wa Section 607.0505,	tutes, the above s authorized by Florida Statutes	e-named corp the corpora i.	poration submits this statement for the tion's board of directors. I hereby ac-	e purpose of c cept the appoi	hanging it ntment as	s registered registered
	Signature, typica		gistered agent and little it.			nt signature requi	red when reinstating)	DATE	·	
12.	PD	OFFIC	CLRS AND DIBLECT	ORS	13.		ADDITIONS/CHANGES TO OF		Change	IS IN 12
TITLE		TI DOLLCE A			1.1 TITLE 1.2 NAME				_1 Change	L Addition
RUBERTI, BRUCE A STREET ADDRESS 1086 EDMISTON PLACE			CE			4000000				
LANAWAANEL			OL.	1.3 STREET ADD 1.4 City-St-Zi						
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STREET ADDRESS					23 STREET	ADDRESS				
CITY-SI-ZIP					2 4 CITY- 9					
TITLE				DELETE	31 TITLE				Change	Addition
NAME					3 2 NAME					
STREET ADORESS					3.3 STREET	ADDRESS				
CITY - ST - ZIP					3.4 CITY - 9	ST - 21P				
TITLE				☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME					4. 2 NAME					
STREET ADDRESS					4.3 STREET	ADDRESS				
CITY-ST-ZIP					4.4 CITY - S	T-ZIP		····	100	
TITLE				☐ DELETE	5.1 TITLE			L	Change	Addition
NAME					5.2 NAME					
STREET ADDRESS					53 STREET	i i				
City-St-ZIP	L				5.4 CiTY-S	T - ZIP				T-1
TITLE				DELETE	6 - 7-7-7			Г	Change	
TITLE	 			☐ DELETE	6.1 TITLE			Ε	_ Change	Addition
TITLE NAME STREET ADDRESS				DELETE	6.1 TITLE 6.2 NAME 6.3 STREET	I DODECO		E	_] Change	L_J Addition

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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or or on attachment with an antress.

CICMATIDE.

BRUCE A. RUBERTI

2/18/98 407-321-6396

**FILED** 

Feb 25 1998 8:00am

Secretary of State