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 # \$58548

1. Corporation Name

ELODIDA COMMUNICATION SYSTEMS INC

FLURIDA CUMMUNICATION STSTEWS, INC.				1 1981/1810 (41: 8/181 18/18 18/18 18/18 18/18 18/18) B(B)(B(B)) B(B)(B(B)) B(B)((BB)
•	·				
Principal Place	of Business	Mailing Address			#1811 #1811 #1811 #1811 #1811 #181
310 SE 20TH CT 310 SE 20TH CT					
CAPE CORAL FL 33990 CAPE CORAL FL 33990				DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualifed	
				06/05/1991	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0266552	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27		3. Certificate of Status Desired	Fee Required
City & State	e.	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible
24	25	29 30	0	Personal Property Tax. 10. Name and Address of New Registers	
	9. Name and Address of Curren	r Registered Agent	81 Name	'. I deline and Address of New Registere	1
TAYLOR, JOHN L SR.				Aylor, Charlot	4e
310 S.E. 20TH COURT			82 Street Addr	ess (P.O. Bex Number is Not Acceptable)	,
CAPE CORAL FL 33990			83	0 0 = 1 0 = 0.	~
ı			84 City	pe-Coral F	L 85 33990
11. Durant to the previous of Sections 607 0502 and 607 1508. Elevida Statutes, the above named comprating 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.					
	Moresto Pak	Ch	a-lotte T	Ay) or 4/30	199
Signature typed or prifiled name of registered agent and title if applicable. (NOTE: Registered Agent signature required when pinstating) DATE					
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD ·	DELETE	1.1 TILE		Change Addition
NAME	TAYLOR, JOHN L SR.			Aylor, Charlotte 10 S.E. 20世Court	
STREET ADDRESS	310 SE 20TH CT			10. S. E. 20 E Court	990
CITY-ST-ZIP	CAPE CORAL FL	☐ DELETE	1.4 CITY-ST-ZIP	mpe WAT PL 50	Change Addition
TITLE	, * * ·		2.1 RILE 2.2 NAME		
NAME			2.3 STREET ADDRESS		
STREET ADDRESS			2.4 CITY-ST-ZIP		
CITY-ST-ZIP		- DELETE	3.1 TITLE		Change Addition
NAME		— • • • • • • • • • • • • • • • • • • •	32 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		Í
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		j
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	-	☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS	• _		5.3 STREET ADDRESS		}
CITY-ST-ZIP			5.4 CITY-ST-ZIP		Change Contains
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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.

6.4 CITY-ST-ZIP

FILED May 01, 1999 8:00 am Secretary of State 05-01-1999 90051 019 ***150.00