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 # V49262

(1)

AYERS COMMUNICATIONS, INC.

FILED
Jan 23 1998 8:00am
Secretary of State



					1011 01011 01014 CHEN 01017 BY 014 (00)
Principal Place of Business Mailing Address					
3099 LEON RD SUITE 4 3099 LEON RD SUITE 4					
JACKSONVILLE FL 32216 US JACKSONVILLE FL 32216 US				DO NOT WRITE IN THIS SPACE	
00		00		3. Date Incorporated or Qualified	
				07/06/1992	
	Place of Business	28. Mailing Address	were Aug	4. FEI Number	Applied For
21 6451	O Powers Ave.	26 2950 HOV Suite, Apt. #, etc.	uers Ave	59-3133705	Not Applicable
Sulte, Apt. #, etc. Suite, Apt. #, 27		 		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State			11.	6. Election Campaign Financing	\$5.00 May Be
	sonville tr	28 Jacksonvi			Added to Fees
2ip 372	N7 Country 11 CA	32207 3	a Country USA	8. This corporation owes or has paid	
24 366	9 Name and Address of Current		U COV	Personal Property Tax due June 30 10. Name and Address of New Regis	
SANTOS, MICHAEL G B1 Narr				in turns and realists of the trade	
1301 FIRST ST			20 0:		
#1603 Street Add			ddress (P.O. Box Number is Not Acceptable)		
JACKSONVILLE BEACH FL 32250					
		_	84 City		85 Zip Code
	$A \rightarrow A$	1			
11. Pursuant to the povisions of Sections 50 00,02 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or religious of both, in the Sacrotal Indiana Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I are familiar with, and accept the purpose of Society 607.0505, Florida Statutes.					
agent. I a	in tamiliar with, and accept the inlight	ions of Section 607.0505, Florid	da Statutes	, .	•
SIGNATURE	Signature, typed or printed name of universed to	and title it applicable. (NOTE F	Registered Agent signature re	actived when reinstaling)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	P	DELETÉ	1.1 TITLE	NODITIONO, OF DIVIDED TO CHARLES	Change Addition
NAME	SANTOS, MICHAEL G		1.2 NAME		į
STREET ADDRESS	1301 FIRST \$T #1603		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH FL		1.4 CITY - ST - ZIP		
TITLE	VSD	DELETE	2.1 TITLE		Change Addition
NAME	AYERS, MELVIN		2.2 NAME		
STREET ADDRESS	10451 EBBITT ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CITY - ST - ZIP		
TITLE	D OTTOWART	DELETE	3.1 TIFLE		Change Addition
NAME	BRAY, STEWART		3.2 NAME	ARRIVALI DAAA	
STREET ADDRESS	124 SORREL ST MIDDLEBURG FL		3.3 STREET ADDRESS	882 NOLAN BOAD LIDDLEBURG, FL	22010
CITY-ST-ZIP	MIDDLEBUNG FL	T oriete		41004 BULG, FL	5 6009
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 City-St-ZiP 5.1 Title		Change Addition
NAME		percent	5.1 THEE 5.2 NAME		End Anteride First Visionifical
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 1ITLE		Change Addition
NAME		_	62 NAME		•
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 City-St-ZiP		
	<u></u>		, 	in Continu 440 07(0)(i) Finish Cont. top. I for	

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 is true and accounted and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the composition or the receiver it rusteed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapters, or an attachment with an address.