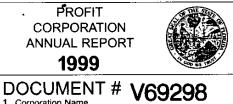
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



ANDERSON RESOURCES COMMUNICATIONS, INC.

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90141 033 \*\*\*150.00

Principal Place	e of Business	Mailing Address	Mailing Address		1211 01011 01011 01011 0	
1689 NO HIATU	S RD	1689 NO HIATUS RD				
SUITE 183		SUITE 183		DO NOT WRITE IN THIS SPACE		
PEMBROKE PINES FL 33026		PEMBROKE PINES FL 33026		3. Date Incorporated or Qualifed		
US		US				Į.
				10/01/1992		Applied Cor
<del>,</del>	lace of Business	2a. Mailing Address		4. FEI Number	.	Applied For
21		26		65-0361554	407	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	7	5 Additional Required
City & State		City & State		6 Floring Compaign Financing		00 May Be
23 City & State	e	28		Election Campaign Financing     Trust Fund Contribution	l I ,	led to Fees
Zip	Country	Zip	Country	8. This corporation owes the curren	t vear Intangible	
24	[25]		30	Personal Property Tax.	Yes	□No
24	9. Name and Address of Currer			10. Name and Address of New Reg	gistered Agent	
		<u> </u>	81 Name	John Anderson	(	
	erson, James		82 Street Ad	Idress (P.O. Box Number is Not Asceptable		
11500 NW 14TH COURT			02 300001 2	1694 Literiald	Ľν,	
PEMBROKE LAKES FL 33026			83	12.12.12.12.12.12.12.12.12.12.12.12.12.1		
					loel :	Zin Code
			84 City	Manlac	FL  85   3	Zip Code 3~(109
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	es, the above-named co	prporation submits this statement for the pu	rpose of changing	its registered
office or r	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was au	ithorized by the comora	ation's board of directors. I hereby accept t	he appointment a	s registered
_ (	6V.12 de	1 /2 - 4 -			1 linlag	?
SIGNATURE`	Signature, typed or printed fame of registered age	ent and title if applicable. (NOTE:	Registered Agent signature requ	uired when reinstating)	DATE	
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	VP	☐ DELETE	1,1 TITLE	RESIDENT	Char	nge 🗌 Addition 🛭
NAME	ANDERSON, JOHN		1.2 NAME	•	Ť	1
STREET ADDRESS	CARL LIZALITE D. LAND		1.3 STREET ADDRESS	•		
CITY-ST-ZIP	NAPLES FL		1,4 CITY-ST-ZIP			
TITLE	P	, DELETE	2.1 TITLE	Vice-Fresident	Chai	nge 🔀 Addition
NAME	ANDERSON, JAMES		2.2 NAME			}
STREET ADDRESS	s 11500 NW 14TH COURT		2.3 STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE LAKES FL		2. 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE	•	☐ Cha	nge
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			}
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Cha	nge
NAME			4. 2 NAME			Ì
STREET ADDRESS			4.3 STREET ADDRESS		*	}
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Chai	nge 🔲 Addition

6.4 CITY-ST-ZIP CITY-ST-ZIP 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 receipt for 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 charged, or on an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

**SIGNATURE:** 

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

Change

Addition