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FILED
Mar 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J31050** (4)

1. Corporation Name
A-1 COMMUNICATIONS, INC.

Principal Place of Business % ROBERT J. LIEBL 9429 DENTON AVENUE HUDSON FL 34687	Mailing Address % ROBERT J. LIEBL 9429 DENTON AVENUE HUDSON FL 34687
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/29/1986

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-2725476 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**PIXTON, JOHN W.
14503 MIDDLEFIELD LN
ODESSA FL 33558**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEBL, ROBERT J.	1.2 NAME	
STREET ADDRESS	4015 DRISTOL AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIXTON, JOHN	2.2 NAME	
STREET ADDRESS	14503 MIDDLEFIELD LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL	2.4 CITY-ST-ZIP	
TITLE	TS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIXTON, CATHERINE A.	3.2 NAME	
STREET ADDRESS	14503 MIDDLEFIELD LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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.

SIGNATURE: Catherine A. Pixton Catherine A. Pixton/TS 2-26-88

813-869-2663

CR2E034 (10/97)