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

99 MAR 19 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J31050

1. Corporation Name
A-1 COMMUNICATIONS, INC.

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 9043 Little Rd.
Suite, Apt #, etc
22 New Port Richey,FL
City & State
23 34654-4221
Zip Country
24 25

2a. Mailing Address
26 9043 Little Rd.
Suite, Apt #, etc
27 New Port Richey, FL
City & State
28 34654-4221
Zip Country
29 30

3. Date Incorporated or Qualified
09/29/1986

4. FEI Number
59-2725476
[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

PIXTON, JOHN W.
14503 MIDDLEFIELD LN
ODESSA, FL 33556

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's signature required when reinstated) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	[ ] DELETE	11 TITLE	[ ] Change [ ] Addition
NAME	LIEBL, ROBERT J.		12 NAME	
STREET ADDRESS	4015 DRISTOL AVENUE		13 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL, FL		14 CITY-ST-ZIP	
TITLE	PD	[ ] DELETE	21 TITLE	
NAME	PIXTON, JOHN		22 NAME	
STREET ADDRESS	14503 MIDDLEFIELD LANE		23 STREET ADDRESS	
CITY-ST-ZIP	ODESSA, FL		24 CITY-ST-ZIP	
TITLE	TS	[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME	PIXTON, CATHERINE A.		32 NAME	
STREET ADDRESS	14503 MIDDLEFIELD LN		33 STREET ADDRESS	
CITY-ST-ZIP	ODESSA, FL		34 CITY-ST-ZIP	
TITLE		[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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****150.00 ****150.00

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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.

SIGNATURE: 3-17-99 727-819-1908

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number