

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

**FILED**  
**Apr 28 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000017566 (6)**  
 1. Corporation Name  
**ATLANTIC COAST COMMUNICATIONS, INC.**



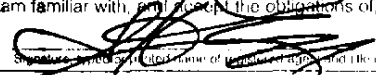
Principal Place of Business <b>531 LORING AVENUE ORANGE PARK FL 32073</b>	Mailing Address <b>531 LORING AVENUE ORANGE PARK FL 32073</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>6305 SO. HEADER CANAL RD.</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>6305 SO. HEADER CANAL RD.</b> Suite, Apt. #, etc.	3. Date Incorporated or Qualified <b>02/26/1996</b>	4. FEI Number <b>59-3363755</b>	Applied For <input type="checkbox"/> Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	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
23 <b>PORT ST. LUCIE, FL</b> City & State	28 <b>PORT ST LUCIE, FL</b> City & State	24 <b>34988</b> Zip	25 <b>ST. LUCIE</b> Country	29 <b>34988</b> Zip
30 <b>ST. LUCIE</b> Country				

9. Name and Address of Current Registered Agent <b>PINE, ROBERT F 531 LORING AVENUE ORANGE PARK FL 32073</b>	10. Name and Address of New Registered Agent 81 Name <b>ROBERT F. PINE</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>6305 SO. HEADER CANAL RD.</b> 83 84 <b>PORT ST. LUCIE FL</b> 85 Zip Code <b>34988</b>
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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  DATE **4/30/98**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>← SAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PINE, ROBERT F</b>		1.2 NAME	
STREET ADDRESS <b>531 LORING AVE</b>		1.3 STREET ADDRESS <b>6305 SO. HEADER CANAL RD.</b>	
CITY-ST-ZIP <b>ORANGE PARK FL</b>		1.4 CITY-ST-ZIP <b>PORT ST. LUCIE, FL 34988</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>← SAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PINE, ARDITH H</b>		2.2 NAME	
STREET ADDRESS <b>531 LORING AVE</b>		2.3 STREET ADDRESS <b>6305 SO. HEADER CANAL RD.</b>	
CITY-ST-ZIP <b>ORANGE PARK FL</b>		2.4 CITY-ST-ZIP <b>PORT ST. LUCIE, FL 34988</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 amendment with an address.

SIGNATURE:  DATE **4/30/98** **531 LORING AVE**

CF2E034 (10/97)