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Jan 31 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H09007 (6)

1. Corporation Name
ESPRIT COMMUNICATIONS, INC.

Principal Place of Business
% WILLIAM WATSON TRICK, JR.
660 S. FEDERAL HWY., 3RD FL
POMPANO BEACH FL 33062

Mailing Address
7027 W BROWARD BLVD
SUITE 402
PLANTATION FL 33317-2206
US



3. Date Incorporated or Qualified 06/20/1984
3a. Date of Last Report 03/05/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2425534		Applied For	
21 Suite, Apt #, etc		26 Suite, Apt #, etc.				Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TRICK, WILLIAM WATSON JR. 660 S. FEDERAL HWY., 3RD FL POMPANO BEACH FL 33062				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 Walter W Sammis, VP DATE 1/18/97
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	☐ DELETE		1.1 TITLE	☐ Change ☐ Addition		
NAME	SAMMIS, PATRICIA ANN H.			1.2 NAME			
STREET ADDRESS	9235 LAGOON PLACE #307			1.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33324			1.4 CITY-ST-ZIP			
TITLE	VSD	☐ DELETE		2.1 TITLE	☐ Change ☐ Addition		
NAME	SAMMIS, WALTER			2.2 NAME			
STREET ADDRESS	9235 LAGOON PLACE, #307			2.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33324			2.4 CITY-ST-ZIP			
TITLE		☐ DELETE		3.1 TITLE	☐ Change ☐ Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		☐ DELETE		4.1 TITLE	☐ Change ☐ Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE	☐ Change ☐ Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE	☐ Change ☐ Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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: Walter W Sammis, VP DATE 1/18/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 954-474-9826 Daytime Phone #

CR2E034 (9/96)