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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J50624

(2)

PULSAR	COMMUNICATION SYSTEM	S INC.					
Principal Place 1330 HOLLYWO HOLLYWOOD F	OOD BLVD.	Mailing Address 1330 HOLLYWOOD BLVD. HOLLYWOOD FL 33019-1518				i olate indi	
					 Date Incorporated or Qualified 12/29/1986 	3a. Date of Last 05/01/1996	Report
2. Principal F	lace of Business	2a. Mailing Address			4. FEI Number		pplied For
21		26			59-2769594		lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional lequired	
City & State	€	City & State			6. Election Campaign Financing		May Be
23	28				Trust Fund Contribution	T	to Fees
Zη	Country				8. This corporation has liability for		s. 199.032,
24	25		30			Yes No	
10/4	9. Name and Address of Current	Hegistered Agent	81	Name	10. Name and Address of New Re	gistered Agent	
	SNER, MARGRIT		01	Name		,	
1330 HOLLYWOOD BLVD HOLLYWOOD FL 33019			82	Street A	ddress (P.O. Box Number is Not Accepta	ble)	
1106	211100012 00010		83				
			84	City		las I Zin	Code
				-		FL 1	Code
11. Pursuant office or r agent 1 a SIGNATURE					corporation submits this statement for the pration's board of directors. I hereby acce		its registered s registered
12.	Signature: types or printed name of registered agen OFFICERS AND		Registered Age	ent signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	RS IN 12
THE	P	DELETE 1.1			ADDITIONS/CHANGES TO OFF	Change	Addition
NAMÉ	WAGNER, CHRIS					- +	
STREET ADDRESS	1330 HOLLYWOOD BLVD.		1.3 STREET	ADDRESS			
C TY ST-7IF	HOLLYWOOD FL 33019	· ■ '		T-ZIP			
TITLE	V	☐ DELETE 2				Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS	1330 HOLLYWOOD BLVD.		2.3 STREET ADDRESS				
CHY-ST-ZIP	HOLLYWOOD FL 33019		2. 4 CITY-	ST-ZIP		7 7 20	i en exerció
11(1)	ST Wagner, Margrit	DELETE 31				Change	Addition
NAME Processor	1330 HOLLYWOOD BLVD.		3.2 NAME	INDEED			
STREET ADDRESS CITY - ST - Zi2	HOLLYWOOD FL 33019		3.3 STREET ADDRESS 3.4. City-St-Zip				
THEF		DELETE 41		21-411		Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS		*	
CHY-ST-2IP			4.4 CITY - S	T- ZIP			
TITLE	The state of the s	☐ DELETE	5.1 TITLE	T		☐ Change	Addition
NAME			5.2 NAME				
STHEET ADDRESS			5.3 STREET	ADDRESS			
Cift-St ZiP			5.4 CITY-S	T-71P			
TITLE		☐ DELETE	61 TITLE			Change	Addition
NAME:			6.2 NAME]			
STREET ADDRESS			6.3 STREET	- 1			
CITY - \$1 - 7IP			6.4 CITY-S	T-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:

IGNATURAND THE O OR HOWITED NAME OF SIGNING OFFICER ON LIRECTOR WERE

4/8/97 954-920-2918

FILED

Apr 11 1997 8:00am

Secretary of State