

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000020725 (5)**

1. Corporation Name

TACHYON COMMUNICATIONS CORPORATION



Principal Place of Business

**100 RIALTO PALCE
STE. 747
MELBOURNE FL 32901**

Mailing Address

**100 RIALTO PALCE
STE. 747
MELBOURNE FL 32901**

3. Date Incorporated or Qualified
03/17/1994

3a. Date of Last Report
12/12/1995

2. Principal Place of Business

2b. Mailing Address

21 **780 S Apollo Blvd.**

26 **780 S Apollo Blvd.**

4. FEI Number
59-3249435

Applied For
Not Applicable

22 **Ste 108**

27 **Suite 108**

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

23 **Melbourne FL**

28 **Melbourne FL**

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

24 **32901** 25 **USA**

29 **32901** 30 **USA**

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

**FRANKLIN, EMILY
100 RIALTO PLACE
STE. 747
MELBOURNE FL 32901**

81 Name **Emily Ham**
82 Street Address (P.O. Box Number is Not Acceptable) **100 Rialto Place**
83 **Ste 747**
84 City **Melbourne** FL 85 Zip Code **32901**

11. Pursuant to the provisions of Sections 607.0602 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 *Emily Ham* *Emily Ham* **7/27/96**
Signature typed or printed name of registered agent or director (if applicable) (If New Registered Agent Signature Required when Filing)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	T	<input type="checkbox"/> DELETE
NAME	FRANKLIN, EMILY G	
STREET ADDRESS	460 WATSON DRIVE	
CITY - ST - ZIP	INDIANTLANTIC FL 32905	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HILLMAN, ROBERT A	
STREET ADDRESS	100 RIALTO PLACE, STE. 747	
CITY - ST - ZIP	MELBOURNE FL 32902	
TITLE	P	<input type="checkbox"/> DELETE
NAME	FRANKLIN, SEAN R	
STREET ADDRESS	470 #3 CLUB TRAIL	
CITY - ST - ZIP	MELBOURNE FL 32901	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BLENKE, IAN C	
STREET ADDRESS	211 SHERYL LYNN DRIVE	
CITY - ST - ZIP	BRANDON FL 33510	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VP
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Emily Ham* **7/27/96 (407) 953-3876**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filed #

CR2E034 (12/95)