

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Apr 25 1996 8:00 am
Secretary of State

DOCUMENT # P94000031636 (1)

1. Corporation Name

ROCKWELL COMMUNICATIONS CORPORATION



Principal Place of Business

1001 W CYPRESS CREEK RD
SUITE 302
FT LAUDERDALE FL 33309

Mailing Address

1001 W CYPRESS CREEK RD
SUITE 302
FT LAUDERDALE FL 33309

3. Date Incorporated or Qualified
04/26/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number
65-0315300

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 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

BRYN, MARK J
29 BISCAYNE BLVD
SUITE 3599
MIAMI FL 33131

81 Name **BRYN, MARK J**
82 Street Address (P.O. Box Number is Not Acceptable)
2 South BISCAYNE BLVD
83 **SUITE 3599**
84 City **MIAMI** FL 85 Zip Code **33131**

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, if applicable

(NOTE: Registered Agent signature required when registering)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	SCHATTNER, PAUL	
STREET ADDRESS	6830 W. CYPRESS CREEK RD.	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	LEEMON, IRA	
STREET ADDRESS	10 EMPIRE COURT	
CITY-ST-ZIP	DIX HILLS NY 11746	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRYN, MARK	
STREET ADDRESS	880 N.E. 69 ST	
CITY-ST-ZIP	MIAMI FL 33138	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
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: *Paul Schattner* **PAUL S. SCHATTNER**

Date: **4/20/96** Daytime Phone: **954 491 9175**

CR2E034 (12/95)