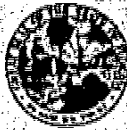


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 JUL 10 AM 9: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000043234 (1)

1. Corporation Name
BUDGET TRANSMISSIONS, INC.

Principal Place of Business
**1445 N.W. 9TH ST.
DANIA FL 33004**

Mailing Address
**1445 N.W. 9TH ST.
DANIA FL 33004**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
06/09/1994

3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	6611 ARTHUR ST	26	6611 ARTHUR ST	65-0500159		Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State HOLLYWOOD FL		28. City & State HOLLYWOOD FL		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip 33304	25. County BROWARD	29. Zip 33304	30. County BROWARD	8. This corporation has liability for intangible tax under C. 100.002, Florida Statutes			
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HANDIN, GARY I 4597 N. UNIVERSITY DR. LAUDERHILL FL 33351				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARR, ROBERT F	12. NAME	MANON L. ROYER
STREET ADDRESS	1445 N.W. 9TH ST.	13. STREET ADDRESS	6611 ARTHUR ST
CITY - ST - ZIP	DANIA FL 33004	14. CITY - ST - ZIP	HOLLYWOOD FL 33304
TITLE	D	21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLARTE, LOUIS M	22. NAME	JESSE INGWANTA
STREET ADDRESS	1445 N.W. 9TH ST.	23. STREET ADDRESS	6611 ARTHUR ST.
CITY - ST - ZIP	DANIA FL 33004	24. CITY - ST - ZIP	HOLLYWOOD FL 33304
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY - ST - ZIP		34. CITY - ST - ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY - ST - ZIP		44. CITY - ST - ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. 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)(b), 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: _____ DATE: **5/15/95** **572-4660**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR