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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

1, Corporation Name

P94000043234 (1)

BUDGET TRANSMISSIONS, INC.

Principal Place of Business	Mailing Address	
6611 ARTHUR STREET	6611 ARTHUR STREET	



US		US		3. Date Incorporated or Qualified	3a. Date of Last Re	
				06/09/1994 4. FEI Number	07/10/1	
Final Plac	ce of Business	2a. Mailrio Address	ten / KACITY &	65-0500159	1	Applied For Not Applicat
r. - Suite Apt.#,	ei.	Suite, Apl. #, etc.	CATOTICKETTY V		₹8.7 5	Additional
Cit. 9 Casts		27		5. Certificate of Status Desired		Required
ZAN	TRHILL FL	28 CHUDERH	ILL FL	Election Campaign Financing Trust Fund Contribution	☐ Added	May Be to Fees
3335	5/ 25 PROWARD) 29 3335/	30 BROWARD	8. This corporation has liability of Florida Statutes Yes	intangible tax under s	199.032,
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New F	legistered Agent	
			81 Nather A	NON PAYER		
	I, GARY I		82 Street Adds	ress (P.O. Pox Number is Nell Acceptat	11.0	
	. UNIVERSITY DR.		1061	1 THURTHY	HUK DI	
LAUDER	RHILL FL 33351		83			
			84 915	1010	P. 85 Z	Code
1. Due pot to	the provisions of Sections 507 0503	and 607 1509 Unida Ctaluta	you	MINOOD	FL 3	2019
or registered	d agent, or both, in the State of Florid	r ano 607.1508, Florida Stalute d a 7 Such change was authorize	s, the above hamed corpor d by the corporation's boar	ration submits this statement for the pur	rpose of changing its ri ointment as registe r ed	egistered of agent. Lan
familiar with	, and accept the obligations of, Sect	607.0505, Florida Statutes.	A.	rd of directors. I hereby accept the app	10.10	/
GNATURE	Munon	reumta.	Koner.		1/3//96	5
	gnature, typical or printed manie of registered agicnt OFFICERS AND	f 1	E. Registere Apont signature require		DATE	
	OFFICERS AND	D DIRECTORS	10%	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	RS IN 12
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4. For hereby certify that the information supplied with this thing is voluntarily turnished and does not quality for the exemption stated in Section 119.07(3)(k). Forida 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 attackment with an address.

SIGNATURE

IGNATURE AND TYPED OR PRINTED NAME OF JUNING OFFICER OR DIRECTOR

1/21/96 954748-42/1