

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

FILED
Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000046994 (7)

1. Corporation Name
SFT COMMUNICATIONS CORPORATION



Principal Place of Business
209 HUNTING LODGE DR
INVERNESS FL 34450

Mailing Address
P.O. BOX 632
INVERNESS FL 34451-0632

3. Date Incorporated or Qualified
06/23/1994

3a. Date of Last Report
04/22/1996

2. Principal Place of Business
21 403 E. Nicholas St.
Suite, Apt. #, etc.
22 Hernando, FL
City & State
23 34442
Zip
24 USA
Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 Hernando
City & State
28 34442
Zip
29 USA
Country

30

4. FEI Number
59-3254971

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
FARIELLO, VERA
209 HUNTING LODGE DR
INVERNESS FL 34450

10. Name and Address of New Registered Agent
81 Name
FARIELLO, VERA
82 Street Address (P.O. Box Number is Not Acceptable)
403 E. NICHOLAS ST.
83
84 City
HERNANDO FL 85 Zip Code
34442

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: *Vera Fariello* 4-03-97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FARIELLO, VERA	
STREET ADDRESS	209 HUNTING LODGE DR	
CITY - ST - ZIP	INVERNESS FL 34450	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FARIELLO, SAL	
STREET ADDRESS	209 HUNTING LODGE DR	
CITY - ST - ZIP	INVERNESS FL 34450	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FARIELLO, VERA	
1.3 STREET ADDRESS	403 E. NICHOLAS ST.	
1.4 CITY - ST - ZIP	HERNANDO, FL 34442	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FARIELLO, SAL	
2.3 STREET ADDRESS	403 E. NICHOLAS ST.	
2.4 CITY - ST - ZIP	HERNANDO, FL 34442	
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 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: Vera Fariello *Vera Fariello* 4-03-97 (352) 527-2028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)