

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V12345** (7)

1. Corporation Name
NATIONAL TELCOM MANAGEMENT, INC.



Principal Place of Business: ~~4801 S. UNIVERSITY DRIVE DAVIE FL 33328~~
Mailing Address: ~~4801 S. UNIVERSITY DRIVE DAVIE FL 33328~~

2. Principal Place of Business: 21 **444 BRICKELL AVENUE** Suite, Apt. #, etc. 22 **650** City & State 23 **MIAMI FL** Zip 24 **33131** Country 25 **DADE**
2a. Mailing Address: 26 **444 BRICKELL AVENUE** Suite, Apt. #, etc. 27 **650** City & State 28 **MIAMI FL** Zip 29 **33131** Country 30 **DADE**

3. Date Incorporated or Qualified: **02/05/1992** 3a. Date of Last Report: **04/19/1995**
4. FEI Number: **65-0324107** 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
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
SKLAR, ROBERT Z.
4801 S UNIVERSITY DR
SUITE 310
FORT LAUDERDALE FL 33328

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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, both in the State of Florida. Such change was authorized by the corporation's board of directors. Hereby, accept the appointment as registered agent. I am familiar with and agree to the provisions of Section 607.0605, Florida Statutes.

SIGNATURE: *Robert Sklar Pres.* **ROBERT SKLAR Pres.** DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	SKLAR, ROBERT Z.	
STREET ADDRESS	1524 N.W. 113TH WAY	
CITY, ST, ZIP	PEMBROKE PINES FL	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	SKLAR, JOAN S.	
STREET ADDRESS	1524 N.W. 113TH WAY	
CITY, ST, ZIP	PEMBROKE PINES FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	ROBINSON, FORREST	
STREET ADDRESS	1100 S. LINCOLN	
CITY, ST, ZIP	PARKRIDGE IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLMES, DALE	
STREET ADDRESS	724 H. AVENUE	
CITY, ST, ZIP	CORNADO CA	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 NAME	
32 STREET ADDRESS	
34 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(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, 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 in an attachment with an address.

SIGNATURE: *Robert Sklar* **ROBERT SKLAR**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/96 305-372-8722
DATE FILED DULLES OFFICE

CR2E034 (12/95)