SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P94000021568 (8)

1. Corporation Name

RF COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
3731 INDIAN BEACH PLACE SARASOTA FL 34234	3731 INDIAN BEACH PLACE SARASOTA FL 34234

3. Date Incorporated or Qualified: 03/16/1994
3a. Date of Last Report: 08/03/1995
4. FEI Number: 65-0478905 ☐ 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

	2. Principal Place of Business		2a. Mailing Address
21	1655 STONE RIDGE TER.	26	1655 STONE RIDGE TER
22	Suite, Apt. #, etc	27	Suite, Apt. #, etc
23	City & State: SARASOTA, FL	28	City & State: SARASOTA, FL
24	Zip: 34232	29	Zip: 34232
25	Country: SARASOTA	30	Country: SARASOTA

9. Name and Address of Current Registered Agent

ESCOBAR, FRANK A
1655 STONE RIDGE TERRACE
SARASOTA FL 34232

10. Name and Address of New Registered Agent

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 607.0502 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 reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	ESCOBAR, FRANK A	
STREET ADDRESS	3731 INDIAN BEACH PLACE	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	D	☐ DELETE
NAME	ESCOBAR, HENRICA C	
STREET ADDRESS	3731 INDIAN BEACH PLACE	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☑ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	1655 STONE RIDGE TER	
1.4 CITY-ST-ZIP	SARASOTA, FL 34232	
2.1 TITLE		☑ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	1655 STONE RIDGE TER	
2.4 CITY-ST-ZIP	SARASOTA, FL 34232	
3.1 TITLE	~~D~~	☐ Change ☑ ~~Addition~~
3.2 NAME	~~MANOS KIRKAS~~	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frank A Escobar 8-5-96 941-379-3717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
FRANK A ESCOBAR