FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **642759** **(5)**

1. Corporation Name
ANSWERITE METRO COMMUNICATIONS, INC.

Principal Place of Business
401 W FAIRBANKS AVE. WINTER PARK. FL
PO BOX 3300
ORLANDO FL 32802

Mailing Address
401 W FAIRBANKS AVE. WINTER PARK. FL
PO BOX 3300
ORLANDO FL 32802

3. Date Incorporated or Qualified: **10/24/1979**
3a. Date of Last Report: **03/28/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-1949101** 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
SMITH, EDWARD C
401 WEST FAIRBANKS KAVE.
WINTER PARK FL 32789

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 on original filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, EDWARD C.	1.2 NAME	
STREET ADDRESS	401 WEST FAIRBANKS KAVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	
TITLE	DV ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	COSMO, SAMUEL DR.	2.2 NAME	
STREET ADDRESS	336 HILLMAN AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	DS ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	JONES, CYNTHIA M.	3.2 NAME	
STREET ADDRESS	645 E. CONCORD STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	DV ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, EDWIN K	4.2 NAME	
STREET ADDRESS	414 E PINE ST #1211	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	DS ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	STEEDE, ROBERT	5.2 NAME	
STREET ADDRESS	9509 MONTELLO DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLNADO FL	5.4 CITY-ST-ZIP	
TITLE	DST ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	PROSPEROSO, VELMA J	6.2 NAME	
STREET ADDRESS	224 S FIRST ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	OCOEE FL	6.4 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 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: Velma J. Prosperoso Treasurer 5/8/96 (407) 644-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Velma J. Prosperoso

CR2E034 (12/95)