

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

FILED  
Feb 28 1996 8:00 am  
Secretary of State

DOCUMENT # **738267** (4)  
1. Corporation Name  
**SOUTH FLORIDA PUBLIC TELECOMMUNICATIONS, INC.**



Principal Place of Business Mailing Address  
**3401 S CONGRESS AVE** **3401 S CONGRESS AVE**  
**BOYNTON BEACH FL 33426** **BOYNTON BEACH FL 33426**

3. Date Incorporated or Qualified **03/04/1977** 3a. Date of Last Report **02/13/1995**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>59-1729212</b>	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SOUDER, MARY**  
**3401 S. CONGRESS AVE.**  
**BOYNTON BEACH FL 33426**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOUDER, MARY</b>	1.2 NAME	
STREET ADDRESS	<b>3401 S CONGRESS AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SALES, DAVID J</b>	2.2 NAME	
STREET ADDRESS	<b>3401 S CONGRESS AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOYNTON BCH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CANE, MARILYN B.</b>	3.2 NAME	
STREET ADDRESS	<b>3401 S CONGRESS AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOYNTON BCH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOPS, DANIEL W.</b>	4.2 NAME	
STREET ADDRESS	<b>3401 S CONGRESS AVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOYNTON BCH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>STV</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LABONIA, JOHN</b>	5.2 NAME	
STREET ADDRESS	<b>3401 S CONGRESS AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOYNTON BCH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>ST</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>Hellyer, Patricia L.</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>3401 S Congress Ave</b> <b>Boynton Beach FL</b>

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:

*Mary Souder*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Mary Souder

2/7/96

Date

407-737-8000

Daytime Phone #

CR2E037 (12/95)