

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **851562** (9)
1. Corporation Name
BURNUP & SIMS COMMUNICATIONS SERVICES OF FLORIDA, INC.



Principal Place of Business 5555 OAKBROOK PARKWAY SUITE 620 NORCROSS GA 30093 US	Mailing Address 3155 N.W. 77TH AVENUE MIAMI FL 33122 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1650 Oakbrook Suite, Apt. #, etc. 22 Suite 445 City & State 23 Norcross GA Zip 24 30093	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 01/12/1982 4. FEI Number 59-2245307 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERERA, ISMAEL	1.2 NAME	
STREET ADDRESS	3155 N.W. 77TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33122	1.4 CITY-ST-ZIP	
TITLE	DC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAS, JORGE	2.2 NAME	
STREET ADDRESS	3155 N.W. 77TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33122	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAMON, NANCY	3.2 NAME	
STREET ADDRESS	3155 N.W. 77TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33122	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALDES, CARLOS	4.2 NAME	
STREET ADDRESS	3155 N.W. 77TH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33122	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: _____

Nancy 3 Damon 4-21-93 (305) 599-1800

CR2E034 (10/97)