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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT	#	F93000005523

TEST COMMUNICATIONS GROUP INC. Principal Place of Business Mailing Address 37 TAFT AVENUE 37 TAFT AVENUE NEWBURGH NY 12550-2730 NEWBURGH NY 12550 3. Date Incorporated or Qualified 3s. Date of Last Report 12/06/1993 06/21/1996 2. Principal Place of Business 2a. Maling Address FEI Number Applied For 21 26 14-1756850 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, 2mZφ V No Yes 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DIGIORE, PHIL 13380 SW 131ST ST. #115 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33186** 83 84 City Zip Code 85 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 Signal raility or dishiponly disable of regeneral agencia edit the disapped accom-(NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 TITLE HANDLEY, RUSSELL J NAME 1.2 NAME 4C PARR MEADOW DR. 1.3 STREET ADDRESS STREET ADORESS **NEWBURGH NY 12550** COM ST-Ze 1.4 CITY - ST - ZIP DELETE Change Addition 21 TITLE THE DIGIORE, PHIL 22 NAME NAME 13380 SW 131ST ST. #115 23 STREET ADDRESS STREET ACIONESIS MIAMI FL 33186 2 4 CITY-ST-ZIP CITY - ST - 202 301.5 DELETE 3.1 TITLE Change Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-\$1-ZIP CHY-ST-7/P DELETE Change Addition TITLE 41 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - 7IP 011Y-\$1-20 DELETE Addition Change TILF 5.1 TITLE NAME 52 NAME 53 STREET ADDRESS STREET ACCORES! 54 CITY-ST-ZIP CITY SI DELETE Change Addition 6 1 TITLE 101.6 NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Log 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 employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

NING OFFICER OR DIRECTOR

appears in Block 12 or 8 ock 13 if granged, or on an attachment wi

FILED

Jan 28 1997 8:00am

Secretary of State

0496127

(96/6) CR2E034