FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT



FLORIDA DEPARTMENT OF STATE

	JAL REPORT 1996			B. Mortham ary of State CORPORAT	IONS			
DOCU 1. Corporatio	MENT # F	9500000	00972 (8	3)				
NEW	CITY COMMUNICAT	TIONS OF ORLA	ANDO, INC.			Lighting to B. 1810 and office		
Principal Place	e of Business	Mailir	ng Address			ı indilika iyin ibibi dibil dibil dibil	BAINI BRIM RAEKI AAKIF A	#110 1011 10010 3101 1001
CORPORATION TRUST CENTER CORPORATION TRUST CENTER 1209 ORANGE ST. 1209 ORANGE ST. WILMINGTON DE 19801 WILMINGTON DE 19801								
						 Date Incorporated or Qualified 02/28/1995 	3a. Date of Lin	st Report
2. Principal P [21] 310 [ace of Business	/. //// . 1 ht n	lailing Addres	NES	T	4. FEI Number		Applied For
Suites, April	#, etc		/_/_/_// uite. Ant. #. etc	DC.	>1	06-1400041		Not Applicable
22 Jul	TE#102	27	. , , 5.0			5. Certificate of Status Desired	1 1	.75 Additional Fee Required
23 () State	MOD	FL 28 Y	1 & State	RT	1	6. Election Campaign Financing Trust Fund Contribution		5.00 May Be
24 328	Country 25	29	Blolopy	Gounti	У	8. This corporation has liability fo		er s 199.032,
	9. Name and Address	of Current Register	ed Agent			10. Name and Address of New		1
				8	Name			
	ORPORATION SYSTEM			6	Street Add	ress (P.O. Box Number is Not Accepta	ible)	
	SOUTH PINE ISLAND R	OAD		8:	 			
PLAN	TATION FL 33324				"			
				84	City			
				1			FL 85	Zip Code
U registe	th, and accept the obligation	ns of, Section 607.050	nange was authorizer 05, Florida Statutes.	s, the above d by the cor	named corpor poration's boa	ration submits this statement for the part of directors. I hereby accept the apparent of the part of t	LIPOSE of changing pointment as regist	
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CITY-51-702 64 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 cath; 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, of an an attentionent with an address.

6.2 NAME

6.3 STRE .T ADDRESS

SIGNATURE:

STREET ADDRESS

203-333-4800