

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F95000004991 (4)

1. Corporation Name
ISR GLOBAL TELECOM, INC.



Principal Place of Business: 5728 MAJOR BOULEVARD, SUITE 500 ORLANDO FL 32819
 Mailing Address: 5728 MAJOR BOULEVARD, SUITE 500 ORLANDO FL 32819

3. Date Incorporated or Qualified 10/13/1995	3a. Date of Last Report
4. FEI Number APPLIED FOR 65-0264921	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 has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 2600 Lake Lucien Dr	2a. Mailing Address 26 2600 Lake Lucien Dr
Suite, Apt. #, etc. 22 Suite 350	Suite, Apt. #, etc. 27 Suite 350
City & State 23 Maitland, FL	City & State 28 Maitland, FL
Zip 24 32751	Country 25 USA
Zip 29 32751	Country 30 USA

9. Name and Address of Current Registered Agent SCHMALTZ, DONALD R 5728 MAJOR BOULEVARD, SUITE 500 ORLANDO FL 32819	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 2600 Lake Lucien Dr 83 Suite 350 84 City Maitland FL 85 Zip Code 32751
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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 registering.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCT <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMALTZ, DONALD R	12 NAME	
STREET ADDRESS	3420 S. LAKE BUTLER	13 STREET ADDRESS	
CITY - ST - ZIP	WINDERMERE FL 34786	14 CITY - ST - ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATWAL, PETER B	22 NAME	
STREET ADDRESS	17707 TIFFANY TRACE DRIVE	23 STREET ADDRESS	2417 Alagna Drive
CITY - ST - ZIP	BOCA RATON FL 33487	24 CITY - ST - ZIP	Longwood, FL 32779
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		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 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, as changed, or on an attachment with an address.

SIGNATURE: 8/2/96 407.875.3600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Digits Phone

CR2E034 (3/96)