

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

FILED

Feb 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F97000005022 (5)  
1. Corporation Name  
EXPLORER COMMUNICATIONS, INC.



Principal Place of Business <del>300 GREYTWIG ROAD #102</del> <del>VERO BEACH FL 32963</del>	Mailing Address <del>300 GREYTWIG ROAD #102</del> <del>VERO BEACH FL 32963</del>
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 207 OLD MEADOW WAY Suite, Apt. #, etc. 22 City & State PALM BEACH Gdns. FL Zip 33418 Country USA		2a. Mailing Address 26 207 OLD MEADOW WAY Suite, Apt. #, etc. 27 City & State PALM BEACH Gdns. FL Zip 33418 Country USA		3. Date Incorporated or Qualified 09/25/1997	
23 33418		29 33418		4. FEI Number 85-0314712	
24 33418		29 33418		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
25 USA		29 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
26 USA		29 USA		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOFFMAN, NANCY  
~~200 GREYTWIG RD #102~~  
~~VERO BEACH FL 32963~~

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
	207 OLD MEADOW WAY		PALM BEACH GARDENS, FL	33418

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

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	PCTD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, JAMES F	1.2 NAME	
STREET ADDRESS	<del>200 GREYTWIG ROAD #102</del>	1.3 STREET ADDRESS	207 OLD MEADOW WAY
CITY-ST-ZIP	<del>VERO BEACH FL</del>	1.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, NANCY L	2.2 NAME	
STREET ADDRESS	<del>200 GREYTWIG ROAD #102</del>	2.3 STREET ADDRESS	207 OLD MEADOW WAY
CITY-ST-ZIP	<del>VERO BEACH FL</del>	2.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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; that the receiver or trustee employed 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 both attachments with an address.

SIGNATURE:  JAMES F. HOFFMAN 1/20/98 (61) 776-8245

CR2E034 (10/97)