FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

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APPROVED AND FILED

95 MAY -1 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # H67704 (7)

1. Corporation Name
GALACTICOMM, INC.

Principal Place of Business
4101 SW 47TH AVE
SUITE 101
FT. LAUDERDALE FL 33314

Mailing Address
4101 SW 47TH AVE
SUITE 101
FT. LAUDERDALE FL 33314

3. Date Incorporated or Qualified: 07/23/1985
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2572531 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

STRYKER, TIMOTHY J
12351 NW 2ND ST
PLANTATION FL 33325

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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

12. OFFICERS AND DIRECTORS

TITLE	C
NAME	STRYKER, TIMOTHY J
STREET ADDRESS	12351 NW 2ND ST
CITY ST ZIP	PLANTATION FL
TITLE	ST
NAME	STRYKER, CHRISTINE V
STREET ADDRESS	12351 NW 2ND ST
CITY ST ZIP	PLANTATION FL
TITLE	D
NAME	STEIN, ROBERT N
STREET ADDRESS	9856 NW 1ST CT
CITY ST ZIP	PLANTATION FL
TITLE	PD
NAME	BRINKER, SCOTT J
STREET ADDRESS	620 E PLANTATION CIRCLE
CITY ST ZIP	PLANTATION FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY ST ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE	V	☐ Change ☒ Addition
5.2 NAME	HAURY, LINDA	
5.3 STREET ADDRESS	412 BONTONA AVENUE	
5.4 CITY ST ZIP	FORT LAUDERDALE FL 33301	
6.1 TITLE	V	☐ Change ☒ Addition
6.2 NAME	HUNT, MICHAEL J	
6.3 STREET ADDRESS	1459 PLUNKETT STREET	
6.4 CITY ST ZIP	HOLLYWOOD FL 33020	

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 the 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: Scott J. Brinker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 Date
305-583-5990 Daytime Phone #

0323289 CP