

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # J95367 (5)**

1. Corporation Name  
**SULTAN COMMUNICATIONS CORP.**



Principal Place of Business: **661 OLEANDER DR HALLANDALE FL 33009**  
Mailing Address: **661 OLEANDER DR HALLANDALE FL 33009**

3. Date Incorporated or Qualified: **10/02/1987**  
3a. Date of Last Report: **04/13/1995**

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)

4. FEI Number: **65-0105236**  
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

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**SCHECHTER, JERRY  
315 SE 7TH STREET  
1ST FLOOR  
FT. LAUDERDALE FL 33301**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE: \_\_\_\_\_

**OFFICERS AND DIRECTORS**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

12. OFFICERS AND DIRECTORS  
1. TITLE: **DP** [ ] DELETE  
2. NAME: **SULTAN, FRED**  
3. STREET ADDRESS: **661 OLEANDER DR. HALLANDALE FL**  
4. CITY-ST-ZIP: \_\_\_\_\_  
5. TITLE: **D** [ ] DELETE  
6. NAME: **ROSEN, LILLIAN**  
7. STREET ADDRESS: **2024 HOLLYWOOD BLVD. HOLLYWOOD FL**  
8. CITY-ST-ZIP: \_\_\_\_\_  
9. TITLE: \_\_\_\_\_ [ ] DELETE  
10. NAME: \_\_\_\_\_  
11. STREET ADDRESS: \_\_\_\_\_  
12. CITY-ST-ZIP: \_\_\_\_\_  
13. TITLE: \_\_\_\_\_ [ ] DELETE  
14. NAME: \_\_\_\_\_  
15. STREET ADDRESS: \_\_\_\_\_  
16. CITY-ST-ZIP: \_\_\_\_\_

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1. 1. TITLE: [ ] Change [ ] Addition  
2. 2. NAME: \_\_\_\_\_  
3. 3. STREET ADDRESS: \_\_\_\_\_  
4. 4. CITY-ST-ZIP: \_\_\_\_\_  
5. 5. TITLE: [ ] Change [ ] Addition  
6. 6. NAME: \_\_\_\_\_  
7. 7. STREET ADDRESS: \_\_\_\_\_  
8. 8. CITY-ST-ZIP: \_\_\_\_\_  
9. 9. TITLE: [ ] Change [ ] Addition  
10. 10. NAME: \_\_\_\_\_  
11. 11. STREET ADDRESS: \_\_\_\_\_  
12. 12. CITY-ST-ZIP: \_\_\_\_\_  
13. 13. TITLE: [ ] Change [ ] Addition  
14. 14. NAME: \_\_\_\_\_  
15. 15. STREET ADDRESS: \_\_\_\_\_  
16. 16. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Fred Sultan* **FRED SULTAN** 1-17-95 305 457-1960  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)