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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

K21466

(3)

SOUTH FLORIDA ADVANCED COMMUNICATIONS & TELECOMM UNICATIONS, INC.

Principal Place of Business

Mailing Address

520 WATERMARK ST. #101 DANIA FL 33004 520 WATERMARK ST. #101 DANIA FL 33004 FILED
Jan 28 1998 8:00am
Secretary of State



|  |  |                     |                      |                    |  | DO NOT WRITE IN THIS SPACE |  |  |
|--|--|---------------------|----------------------|--------------------|--|----------------------------|--|--|
|  |  |                     |                      |                    |  |                            | 3. Date Incorporated or Qualified  |  |
|  |  |                     |                      |                    |  |                            | 04/05/1988   |  |
| <ol><li>Principal Place</li></ol>            | of Business                                      | 2a. Mailing Address |                      |                    |  |                            | 4. FEI Number Applied For  |  |
| 21   |  | 26                  |                      |                    |  |                            | <b>65-0060792</b> Not Applicable   |  |
| Suite, Apt. #, etc.                          |  | Suite, Apt. #, etc. |                      |                    |  |                            | 5. Certificate of Status Desired \$8.75 Additional   |  |
| 22   |  | 27                  | 27                   |                    |  |                            | 5. Certificate of Status Desired Fee Required  |  |
| City & State                                 |  | City                | City & State         |                    |  |                            | 6. Election Campaign Financing \$5.00 May Be   |  |
| 23   |  | 28                  |                      |                    |  |                            | Trust Fund Contribution Added to Fees  |  |
| Zip  | Country  | Zip                 | Zip Coun             |                    | ntry   | •                          | 8. This corporation owes or has paid the current year Intangible   |  |
| 24   | 25   | 29                  | ;                    | 30                 |  |                            | Personal Property Tax due June 30. Yes No  |  |
| Name and Address of Current Registered Agent |  |                     |                      |                    | 10. Name and Address of New Registered Agent |                            |  |  |
| VOGELSANG, MARK P.                           |  |                     |                      |                    | 81   | Name                       |  |  |
| 520 W  | ATERMARK ST.                                     |                     | 82 Street A          |                    |  | Street Addr                | ress (P.O. Box Number is Not Acceptable)   |  |
| #101   |  |                     | 62 Street            |                    |  | Ottest Addi                | tess (1.0, box Number 19 Not Noceptable)   |  |
|  | FL 33004   |                     | 83                   |                    |  |                            |  |  |
|  | 2 3333 .   |                     |                      | -                  |  |                            | lor l 7in Codo   |  |
|  |  |                     |                      |                    | 84   | City                       | FL 85 Zip Code   |  |
| 11 Pursuant to th                            | e provisions of Sections 607.0502                | and 607.15          | 08. Florida Statute  | s, the ab          | ove  | l<br>a-named corp          | poration submits this statement for the purpose of changing its registered   |  |
| office or regis                              | tered agent, or both, in the State of            | Florida, Su         | ich change was at    | thorized           | by   | the corporat               | poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered  |  |
| agent. I am ia                               | imiliar with, and accept the obligati            | ons or, sec         | נוטרו פטר.טטטס, דיטו | ica stati          | nes  | <b>&gt;</b> .              |  |  |
| SIGNATURE                                    | ature, typed or printed name of registered agent | and title if applie | cable. (NOTE:        | Registered         | Age  | int slonature requir       | red when reinstating) DATE   |  |
| 12.  | OFFICERS AND                                     |                     |                      | 13.                |  |                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |  |
| TITLE  | P  |                     | ☐ DELETE             | 1,1 TIT            | LE   |                            | Change Addition  |  |
|  | VOGELSANG, MARK P.                               |                     |                      | 1,2 NA             | ME   |                            |  |  |
|  | 520 WATERMARK ST.                                |                     |                      |                    |  | ADDRESS                    |  |  |
|  | DANIA FL   |                     |                      |                    |  |                            |  |  |
| CITY-ST-ZIP TITLE                            | DANIATE  |                     | DELETE               | 1.4 CIT<br>2.1 TIT |  | 1-217                      | Change Addition  |  |
|  |  |                     |                      | 2.2 NA             |  |                            |  |  |
| NAME   |  |                     |                      | •                  |  |                            |  |  |
| STREET ADDRESS                               |  |                     |                      |                    |  | ADDRESS                    |  |  |
| CITY - ST - ZIP                              |  |                     | T OCUCE              | 2. 4 CITY-ST-ZIP   |  | ST-ZIP                     | Change Addition  |  |
| TITLE  |  |                     | ☐ DELETE             | 3,1 TITLE          |  |                            | Change Addition  |  |
| NAME   |  |                     |                      | 3.2 NA             | ME   |                            |  |  |
| STREET ADORESS                               |  |                     |                      | 3,3 ST             | REET   | ADDRESS                    |  |  |
| CITY-ST-ZIP                                  |  |                     |                      | 3.4. CI            | TY-S   | ST-ZIP                     |  |  |
| TITLE  |  |                     | DELETE               | 4,1 TIT            | LE   | ļ                          | Change   |  |
| NAME   |  |                     |                      | 4, 2 NA            | ME   | ļ                          |  |  |
| STREET ADDRESS                               |  |                     |                      | 4.3 ST             | REET   | ADDRESS                    |  |  |
| CITY-ST-ZIP                                  |  |                     |                      | 4.4 CIT            | Y - S1                                       | iT-ZIP                     |  |  |
| TITLE  |  |                     | DELETE               | 5.1 TIT            | LE   |                            | Change Addition  |  |
| NAME   |  |                     |                      | 5.2 NA             | ME   |                            |  |  |
| STREET ADDRESS                               |  |                     |                      | 1                  |  | ADDRESS                    |  |  |
|  |  |                     |                      | 5.4 CIT            |  | 1                          |  |  |
| CITY - ST - ZIP TITLE                        |  |                     | DELETE               | 6.1 TIT            |  | nt-toll                    | Change Addition  |  |
|  |  |                     |                      | 6.2 NA             |  |                            | - Control - Cont |  |
| NAME   |  |                     |                      |                    |  |                            |  |  |
| STREET ADDRESS                               |  |                     |                      |                    |  | ADDRESS                    |  |  |
| CITY-ST-ZIP                                  |  |                     |                      | 6.4 CIT            | Y-\$   | T-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 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.

CNATURE 200 IN LINE REQUIRED

120-08 954-922-087°