

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K39054 (7)

1. Corporation Name

CHIRKINIAN COMMUNICATIONS INC.



Principal Place of Business

200 EAST BROWARD BVD.
SUITE 1330
FT. LAUDERDALE FL 33301
US

Mailing Address

200 EAST BROWARD BLVD
SUITE 1330
FT. LAUDERDALE FL 33301
US

3. Date Incorporated or Qualified
10/17/1988

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

65-0079540

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. 199.332,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

CHIRKINIAN, FRANK
520 SAN MARCI DRIVE
9337 WEST SAMPLE ROAD
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name FRANK CHIRKINIAN
82 Street Address (P.O. Box Number is Not Acceptable)
200 EAST BROWARD BLVD. SUITE 1330
83 SUITE 1330
84 City FT. LAUDERDALE FL 85 Zip Code 33301

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 the legal date

(NOTE: Registered Agent's signature is required when re-registering)

4/5/96

12. OFFICERS AND DIRECTORS

TITLE P
NAME CHIRKINIAN, FRANK
STREET ADDRESS 200 EAST BROWARD BLVD SUITE 1330
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE T
NAME CHIRKINIAN, FRANK
STREET ADDRESS 2751 NO. PALM AIRE DR.
CITY-ST-ZIP POMPANO BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME Change Addition

13 STREET ADDRESS Change Addition

14 CITY-ST-ZIP Change Addition

21 TITLE Change Addition

22 NAME Change Addition

23 STREET ADDRESS Change Addition

24 CITY-ST-ZIP Change Addition

31 TITLE Change Addition

32 NAME Change Addition

33 STREET ADDRESS Change Addition

34 CITY-ST-ZIP Change Addition

41 TITLE Change Addition

42 NAME Change Addition

43 STREET ADDRESS Change Addition

44 CITY-ST-ZIP Change Addition

51 TITLE Change Addition

52 NAME Change Addition

53 STREET ADDRESS Change Addition

54 CITY-ST-ZIP Change Addition

61 TITLE Change Addition

62 NAME Change Addition

63 STREET ADDRESS Change Addition

64 CITY-ST-ZIP Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK CHIRKINIAN

4/6/96

954

847-3800

CR2E034 (12/95)