

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # L11268 (4)

1. Corporation Name

LARSEN COMMUNICATIONS, INC.



Principal Place of Business

Mailing Address

2180 S.R. 434. W.  
LONGWOOD FL 32779  
US

2180 S.R. 434. W.  
LONGWOOD FL 32779  
US

2. Principal Place of Business

21 2180 State Road 434 West

Suite, Apt. #, etc.

22 Suite 2130

City & State

23 Longwood, FL

Zip

24 32779

Country

25 U.S.A.

2a. Mailing Address

26 2180 State Road 434 West

Suite, Apt. #, etc.

27 Suite 2130

City & State

28 Longwood, FL

Zip

29 32779

Country

30 U.S.A.

3. Date Incorporated or Qualified

08/24/1989

3a. Date of Last Report

05/11/1995

4. FEI Number

59-0974909

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

LARSEN, DAVID H.  
2180 S.R. 434, W.  
LONGWOOD FL 32779

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

Signature of person for whom change of registered agent is being made

Signature of Registered Agent (Signature required when first change)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPTS  
NAME LARSEN, DAVID H  
STREET ADDRESS 2180 STATE ROAD 434 WEST  
CITY-ST-ZIP LONGWOOD FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2180 State Road 434 West, Suite 2130  
Longwood, FL 32779

☐ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

700001795177  
-04/25/96--01106--005  
\*\*\*200.00

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 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:

David H. Larsen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96

(407) 862-8989

50-4-25-96

CR2E034 (12/95)