

**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

APPROVED  
AND  
FILED

95 MAY -1 AM 9:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M88061** (0)

1. Corporation Name  
**PSI COMMUNICATIONS, INC.**

Principal Place of Business Mailing Address  
**121 N.W. 6TH AVENUE 121 N.W. 6TH AVENUE**  
**FT. LAUDERDALE FL 33311 FT. LAUDERDALE FL 33311**

DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>07/01/1988</b>  | 3a. Date of Last Report<br><b>10/12/1994</b> |
| 4. FEI Number<br><b>59-2902205</b>  | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required        |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees           |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt #, etc.          | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip Country                 | 28 Zip Country         |
| 24                             | 29                     |
| 25                             | 30                     |

|  |   |
|--|---|
| 9. Name and Address of Current Registered Agent<br><b>CHERRY, CHARLES W II</b><br><b>121 N.W. 6TH AVENUE</b><br><b>FT. LAUDERDALE FL 33311</b> | 10. Name and Address of New Registered Agent          |
|  | 81 Name   |
|  | 82 Street Address (P.O. Box Number is Not Acceptable) |
|  | 83  |
|  | 84 City   |
|  | 85 Zip Code <b>FL</b>                                 |

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 \_\_\_\_\_ (Print or typed name of registered agent and title in Block 9) \_\_\_\_\_ (Print Registered Agent signature required when registering) \_\_\_\_\_ (Date)

| 12. OFFICERS AND DIRECTORS |                                | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--------------------------------|---|---|
| TITLE                      | <b>D</b>                       | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>CHERRY, GLENN W DR.</b>     | 1.2 NAME  |   |
| STREET ADDRESS             | <b>C/O 121 N.W. 6TH AVENUE</b> | 1.3 STREET ADDRESS                                    |   |
| CITY ST ZIP                | <b>FT. LAUDERDALE FL 33311</b> | 1.4 CITY ST ZIP                                       |   |
| TITLE                      | <b>PVST</b>                    | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>CHERRY, CHARLES W II</b>    | 2.2 NAME  |   |
| STREET ADDRESS             | <b>121 N.W. 6TH AVENUE</b>     | 2.3 STREET ADDRESS                                    |   |
| CITY ST ZIP                | <b>FT. LAUDERDALE FL 33311</b> | 2.4 CITY ST ZIP                                       |   |
| TITLE                      |                                | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                | 3.2 NAME  |   |
| STREET ADDRESS             |                                | 3.3 STREET ADDRESS                                    |   |
| CITY ST ZIP                |                                | 3.4 CITY ST ZIP                                       |   |
| TITLE                      |                                | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                | 4.2 NAME  |   |
| STREET ADDRESS             |                                | 4.3 STREET ADDRESS                                    |   |
| CITY ST ZIP                |                                | 4.4 CITY ST ZIP                                       |   |
| TITLE                      |                                | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                | 5.2 NAME  |   |
| STREET ADDRESS             |                                | 5.3 STREET ADDRESS                                    |   |
| CITY ST ZIP                |                                | 5.4 CITY ST ZIP                                       |   |
| TITLE                      |                                | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                | 6.2 NAME  |   |
| STREET ADDRESS             |                                | 6.3 STREET ADDRESS                                    |   |
| CITY ST ZIP                |                                | 6.4 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 person or entity 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:  **4/28/95** **3-5-527-0713**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Number)