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Apr 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000388 (6)**

1. Corporation Name

**BUSINESS COMMUNICATIONS SERVICES INDUSTRY, INC.**



Principal Place of Business <b>1025 SW MARTIN DOWNS BLVD. SUITE 203 PALM CITY FL 34990</b>	Mailing Address <b>1025 SW MARTIN DOWNS BLVD. SUITE 203 PALM CITY FL 34990</b>
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3. Date Incorporated or Qualified

**01/23/1996**

4. FEI Number

**65-0668881**

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ 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	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EMMETT, ROY R  
1025 SW MARTIN DOWNS BLVD, SUITE 203  
PALM CITY FL 34990**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	P/D
NAME	O'DONOVAN, KEVIN	1.2 NAME	ROY R. EMMETT
STREET ADDRESS	31 ROGERS AVE	1.3 STREET ADDRESS	1939 SW WINNERS DR.
CITY-ST-ZIP	SOMMERVILLE MA 02144	1.4 CITY-ST-ZIP	Palm City FL 34990
TITLE	P	2.1 TITLE	VP/D
NAME	CARPENTER, SAM	2.2 NAME	Kevin O'Donovan
STREET ADDRESS	1900 NE DIVISION, #201	2.3 STREET ADDRESS	31 Rogers Ave
CITY-ST-ZIP	BEND OR 97701	2.4 CITY-ST-ZIP	Somerville MA 02144
TITLE	D	3.1 TITLE	S/D
NAME	SMITH, GEORGE	3.2 NAME	Dell Berry
STREET ADDRESS	2013 DEL LAGO, D-1	3.3 STREET ADDRESS	8600 W 95th #104
CITY-ST-ZIP	LAGUNA HILLS CA 92653	3.4 CITY-ST-ZIP	Overland Park KS 66212
TITLE	S	4.1 TITLE	D
NAME	BERRY, DELL	4.2 NAME	Bill Smith / CRI
STREET ADDRESS	8600 W 95TH, #104	4.3 STREET ADDRESS	7014 13th Ave
CITY-ST-ZIP	OVERLAND PARK KS 66212	4.4 CITY-ST-ZIP	Brooklyn NY 11228
TITLE	D	5.1 TITLE	<del>Donna West</del>
NAME	WEST, DONNA	5.2 NAME	
STREET ADDRESS	3909 NATIONAL DR. #180	5.3 STREET ADDRESS	
CITY-ST-ZIP	BURTONSVILLE ND 58504	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	BYRON, JOHN	6.2 NAME	
STREET ADDRESS	2600 N. CENTRAL AVE #904	6.3 STREET ADDRESS	
CITY-ST-ZIP	PHOENIX AZ 85004	6.4 CITY-ST-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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Roy R. Emmett* ROY R. EMMETT 4/15/98 561 287-6342

CR2E037 (10/97)