

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

FILED

**Feb 06 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P25371 (6)
 1. Corporation Name
TALLA-COM, TALLAHASSEE COMMUNICATIONS INDUSTRIES, INC.



Principal Place of Business 1720 WEST PAUL DIRAC DR. TALLAHASSEE FL 32310	Mailing Address 1720 WEST PAUL DIRAC DR. TALLAHASSEE FL 32310
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3. Date Incorporated or Qualified 07/27/1989		3a. Date of Last Report 01/23/1996	
2. Principal Place of Business		4. FEI Number 22-2974315	
21	2a. Mailing Address	Applied For Not Applicable	
22	26	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25	29		
30			

9. Name and Address of Current Registered Agent PHILLIPS, S. JAMES 1720 W. PAUL DIRAC DR. TALLAHASSEE FL 32310				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		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	NAME MONOSEVITCH, TZVI	1.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1555 DELANEY DR, APT 1723	CITY-ST-ZIP TALL FL	1.2 NAME	
TITLE S	NAME PHILLIPS, JAMES	1.3 STREET ADDRESS 1720 W. Paul Dirac Tallahassee, FL 32310	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1720 W. PAUL DIRAC DR.	CITY-ST-ZIP TALLAHASSEE FL	1.4 CITY-ST-ZIP	
TITLE D	NAME YOSEF, BEN SHALOM	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 26 HASHOFTM STREET P.O. BOX 267	CITY-ST-ZIP HOLON IS	2.2 NAME	
TITLE D	NAME ADAN, ISRAEL	2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 350 FIFTH AVENUE, SUITE 1295	CITY-ST-ZIP NEW YORK NY	2.4 CITY-ST-ZIP	
TITLE D	NAME GASN, BENJAMIN	3.1 TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 26 HASHOFTM STREET P.O. BOX 267	CITY-ST-ZIP HOLON IS	3.2 NAME Ben-Shalom, Yossi	
TITLE D	NAME HERMONI, HEZI	3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 26 HASHOFTM STREET P.O. BOX 267	CITY-ST-ZIP HOLON IS	3.4 CITY-ST-ZIP	
TITLE D	NAME GAON, BENJAMIN	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 26 HASHOFTM STREET P.O. BOX 267	CITY-ST-ZIP HOLON IS	4.2 NAME	
TITLE D	NAME HERMONI, HEZI	4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 26 HASHOFTM STREET P.O. BOX 267	CITY-ST-ZIP HOLON IS	4.4 CITY-ST-ZIP	
TITLE D	NAME HERMONI, HEZI	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 26 HASHOFTM STREET P.O. BOX 267	CITY-ST-ZIP HOLON IS	5.2 NAME	
TITLE D	NAME HERMONI, HEZI	5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 26 HASHOFTM STREET P.O. BOX 267	CITY-ST-ZIP HOLON IS	5.4 CITY-ST-ZIP	
TITLE D	NAME HERMONI, HEZI	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 26 HASHOFTM STREET P.O. BOX 267	CITY-ST-ZIP HOLON IS	6.2 NAME	
TITLE D	NAME HERMONI, HEZI	6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 26 HASHOFTM STREET P.O. BOX 267	CITY-ST-ZIP HOLON IS	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: S. James Phillips SIGNATURE REQUIRED 01/27/97 (904) 580-0406
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)