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

FILED
95 JAN 25 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000006001 (0)

1. Corporation Name
TOTAL TELECOM AND ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
8222 WILES ROAD SUITE 223 CORAL SPRINGS FL 33067	8222 WILES ROAD SUITE 223 CORAL SPRINGS FL 33067

3. Date Incorporated or Qualified: 01/26/1993
3a. Date of Last Report: 04/29/1994

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

4. FEI Number: 65-0382375 ☐ 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. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BRINNON, B. RONALD 8222 WILES RD., SUITE 223 CORAL SPRINGS FL 33067	81 Name: Same 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: B. Ronald Brinnon 1/17/95
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/V/S/T/D	XX Change ☐ Addition
NAME	GONCHER, MICHAEL I	1.2 NAME	BRINNON, B. RONALD	
STREET ADDRESS	8222 WILES RD., SUITE 223	1.3 STREET ADDRESS	8222 Wiles Road, Suite 223	
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	Coral Springs, FL 33067	
TITLE	D	2.1 TITLE		XX Change ☐ Addition
NAME	YABLONSKY, MELVIN	2.2 NAME	Delete	
STREET ADDRESS	8222 WILES RD., SUITE 223	2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33067	2.4 CITY-ST-ZIP		
TITLE	ST	3.1 TITLE		XX Change ☐ Addition
NAME	BRINNON, B R	3.2 NAME	See change above	
STREET ADDRESS	8222 WILES RD., SUITE 223	3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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)(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: B. Ronald Brinnon, President 1/17/95 (305) 755-7886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

01100000 CP