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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 24 AM 8:27

DOCUMENT # P93000008385 (5)

1. Corporation Name

BUSINESS COMMUNICATION CONSULTANTS OF SOUTH FLOR IDA, INC.

Principal Place of Business	Mailing Address
2780 SOMERSET DRIVE SUITE P #316 LAUDERDALE LAKES FL 33311	2780 SOMERSET DRIVE SUITE P #316 LAUDERDALE LAKES FL 33311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/28/1993
3a. Date of Last Report: 06/30/1994
4. FEI Number: 65-0407030 — 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

2. Principal Place of Business	2a. Mailing Address
21 6495 SW 8 PlACE	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: N. LAUD. Fl.	28 City & State
24 Zip: 33068 — 25 Country: BROWARD	29 Zip — 30 Country

9. Name and Address of Current Registered Agent

MORRISON, MICHAEL G
2780 SOMERSET DRIVE
SUITE P 316
LAUDERDALE LAKES FL 33311

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	MORRISON, MICHAELL G
STREET ADDRESS	2780 SOMERSET DRIVE STE. P 316
CITY ST ZIP	LAUDERDALE LAKES FL 33311
TITLE	P
NAME	MORRISON, MICHAEL G
STREET ADDRESS	2780 SOMERSET DR STE P316
CITY ST ZIP	LAUDERDALE LAKES FL
TITLE	P
NAME	MORRISON Michael G A.
STREET ADDRESS	6495 SW 8 PLACE
CITY ST ZIP	N. LAUD Fl 33068
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY ST ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-1-95 (Date) 305 357 9456 (Daytime Phone #)

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