

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000010731 (6)

1. Corporation Name

PRIVILEGED COMMUNICATIONS INC.



Principal Place of Business

Mailing Address

4330 WEST BROWARD BLVD.
PLANTATION FL 33317

4330 WEST BROWARD BLVD.
PLANTATION FL 33317

2. Principal Place of Business

2a. Mailing Address

21 3015 N OCEAN BLVD

26 SAME AS #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 106

27

City & State

City & State

23 FT LAUDERDALE, FL

28

Zip

Country

Zip

Country

24 33308

25 Broward

29

30

3. Date Incorporated or Qualified

02/04/1993

3a. Date of Last Report

04/26/1995

4. FEI Number

65-0393604

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

WEBSTER, CHARLES P
4330 WEST BROWARD BLVD.
PLANTATION FL 33317

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3015 N OCEAN BLVD SUITE 106

83

84 City

FT LAUDERDALE FL

FL

85 Zip Code

33308

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VSD
NAME WEBSTER, E C
STREET ADDRESS 4330 WEST BROWARD BLVD.
CITY-ST-ZIP PLANTATION FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

3015 N OCEAN BLVD SUITE 106
FT LAUDERDALE, FL 33308

☐ Change ☐ Addition

TITLE PTD
NAME WEBSTER, CHARLES P
STREET ADDRESS 4330 WEST BROWARD BLVD.
CITY-ST-ZIP PLANTATION FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3015 N OCEAN BLVD SUITE 106
FT LAUDERDALE, FL 33308

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Charles P. Webster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96

954-566-0340

Date

Daytime Phone #

CR2E034 (12/95)