

FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P930000012724()		
1. Corporation Name LINZER COMMUNICATIONS, INC.		
Principal Place of Business 8000 S. ORANGE AVE SUITE 109 ORLANDO FL 32809	Mailing Address 8000 S. ORANGE AVE SUITE 109 ORLANDO FL 32809-6747	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Name and Address of Current Registered Agent SCHERKER, Herb 8000 S. ORANGE AVE SUITE 109 ORLANDO FL 32809		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation or registered agent, or both, in the State of Florida, Such change was authorized by the corporation agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes		
SIGNATURE Signature, typed or printed name of corporation, agent and director or trustee		
OFFICERS AND DIRECTORS		
12. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	13. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee, as empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address		
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

FILED
Apr 29 1997 8:00am
Secretary of State

[REDACTED]

3. Date Incorporated or Qualified 02/24/1993		8a. Date of Last Report 04/25/1996	
2. FEI Number 59-3167825		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$6.75 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			
10. Name and Address of New Registered Agent			

FL 85 Zip Code		
----------------	--	--

11. Pursuant to the provisions of Sections 607.0502 and 607.1408, 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 recipient of goods and bill of lading

(b)(1) If a bond or signature is required when releasing,

DATE _____

12.	OFFICERS AND DIRECTORS	
TITLE	P	☐ DELETE
NAME	SCHERKER, Herb	
STREET ADDRESS	8000 S ORANGE AVE SUITE 100	
CITY - ST - ZIP	ORLANDO FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	☐ Change ☐ Addition
2. DOB	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. NAME	☐ Change ☐ Addition
6. DOB	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. NAME	☐ Change ☐ Addition
10. DOB	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. NAME	☐ Change ☐ Addition
14. DOB	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. NAME	☐ Change ☐ Addition
18. DOB	
19. STREET ADDRESS	
20. CITY, ST, ZIP	
21. NAME	☐ Change ☐ Addition
22. DOB	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
25. NAME	☐ Change ☐ Addition
26. DOB	
27. STREET ADDRESS	
28. CITY, ST, ZIP	
29. NAME	☐ Change ☐ Addition
30. DOB	
31. STREET ADDRESS	
32. CITY, ST, ZIP	
33. NAME	☐ Change ☐ Addition
34. DOB	
35. STREET ADDRESS	
36. CITY, ST, ZIP	
37. NAME	☐ Change ☐ Addition
38. DOB	
39. STREET ADDRESS	
40. CITY, ST, ZIP	
41. NAME	☐ Change ☐ Addition
42. DOB	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
45. NAME	☐ Change ☐ Addition
46. DOB	
47. STREET ADDRESS	
48. CITY, ST, ZIP	
49. NAME	☐ Change ☐ Addition
50. DOB	
51. STREET ADDRESS	
52. CITY, ST, ZIP	
53. NAME	☐ Change ☐ Addition
54. DOB	
55. STREET ADDRESS	
56. CITY, ST, ZIP	
57. NAME	☐ Change ☐ Addition
58. DOB	
59. STREET ADDRESS	
60. CITY, ST, ZIP	
61. NAME	☐ Change ☐ Addition
62. DOB	
63. STREET ADDRESS	
64. CITY, ST, ZIP	
65. NAME	☐ Change ☐ Addition
66. DOB	
67. STREET ADDRESS	
68. CITY, ST, ZIP	
69. NAME	☐ Change ☐ Addition
70. DOB	
71. STREET ADDRESS	
72. CITY, ST, ZIP	
73. NAME	☐ Change ☐ Addition
74. DOB	
75. STREET ADDRESS	
76. CITY, ST, ZIP	
77. NAME	☐ Change ☐ Addition
78. DOB	
79. STREET ADDRESS	
80. CITY, ST, ZIP	
81. NAME	☐ Change ☐ Addition
82. DOB	
83. STREET ADDRESS	
84. CITY, ST, ZIP	
85. NAME	☐ Change ☐ Addition
86. DOB	
87. STREET ADDRESS	
88. CITY, ST, ZIP	
89. NAME	☐ Change ☐ Addition
90. DOB	
91. STREET ADDRESS	
92. CITY, ST, ZIP	
93. NAME	☐ Change ☐ Addition
94. DOB	
95. STREET ADDRESS	
96. CITY, ST, ZIP	
97. NAME	☐ Change ☐ Addition
98. DOB	
99. STREET ADDRESS	
100. CITY, ST, ZIP	
101. NAME	☐ Change ☐ Addition
102. DOB	
103. STREET ADDRESS	
104. CITY, ST, ZIP	
105. NAME	☐ Change ☐ Addition
106. DOB	
107. STREET ADDRESS	
108. CITY, ST, ZIP	
109. NAME	☐ Change ☐ Addition
110. DOB	
111. STREET ADDRESS	
112. CITY, ST, ZIP	
113. NAME	☐ Change ☐ Addition
114. DOB	
115. STREET ADDRESS	
116. CITY, ST, ZIP	
117. NAME	☐ Change ☐ Addition
118. DOB	
119. STREET ADDRESS	
120. CITY, ST, ZIP	
121. NAME	☐ Change ☐ Addition
122. DOB	
123. STREET ADDRESS	
124. CITY, ST, ZIP	
125. NAME	☐ Change ☐ Addition
126. DOB	
127. STREET ADDRESS	
128. CITY, ST, ZIP	
129. NAME	☐ Change ☐ Addition
130. DOB	
131. STREET ADDRESS	
132. CITY, ST, ZIP	
133. NAME	☐ Change ☐ Addition
134. DOB	
135. STREET ADDRESS	
136. CITY, ST, ZIP	
137. NAME	☐ Change ☐ Addition
138. DOB	
139. STREET ADDRESS	
140. CITY, ST, ZIP	
141. NAME	☐ Change ☐ Addition
142. DOB	
143. STREET ADDRESS	
144. CITY, ST, ZIP	
145. NAME	☐ Change ☐ Addition
146. DOB	
147. STREET ADDRESS	
148. CITY, ST, ZIP	
149.	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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 treasurer 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 attached document as an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME: _____ SIGNING OFFICER OR DELEGATION _____

1946

Lawrence Sanders II

000000