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

PROFIT CORPORATION ANNUAL REPORT

1998

CICNIATIEDE.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

Apr 17 1998 8:00am

Secretary of State

DOCUMENT # P93000012724 (9)

LINZER COMMUNICATIONS, INC.

Principal Place of Business Mailing Address 8000 S. ORANGE AVE 8000 S. ORANGE AVE SUITE 109 SUITE 109 DO NOT WRITE IN THIS SPACE ORLANDO FL 32809 ORLANDO FL 32609 3. Date Incorporated or Qualified 02/24/1993 2. Principal Place of Business 2a. Mailing Address Applied For 126 00 Enclave Drive 12600 Enclove Drive 59-3167825 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be orlando FLORIDA Orlains O しいしかみ 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible USA USA Personal Property Tax due June 30. Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SCHERKER, HERB 8000 S. ORANGE AVE SUITE 109 83 ORLANDO FL 32809 84 Orlanbo 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 land accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE name of registered agreet and title it applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE SCHERKER, HERB NAME 1.2 NAME 8000 S. ORANGE AVE STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32809 1.4 C(TY - S1 - ZIP DELETE Addition TITLE 2.1 TITLE Change NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 1ITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE Change Addition 5.1 THUE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change TITLE 61 TITLE Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP

14. I 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 suppliemental 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.