

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tandra B. Muthart
Secretary of State
OFFICE OF CORPORATIONS

DOCUMENT # P93000036504 (7)

1. Corporation Name:

SIMPLIFIED COMMUNICATIONS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
708 MINORCA AVE CORAL GABLES FL 33134	708 MINORCA AVE CORAL GABLES FL 33134

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

3. Date Incorporated or Qualified	3a. Date of Last Report
05/19/1993	03/24/1994
4. FEI Number	Applied For
65-0431114	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under § 196.032 Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RICHARDSON, BILL 708 MINORCA AVE CORAL GABLES FL 33134		B1	Name
		B2	Street Address (P.O. Box Number is Not Acceptable)
		B3	
		B4	City
		FL	B5 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 in printed letters of registered agent and his/her agent) (Agent typed in printed letters of registered agent and his/her agent) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D RICHARDSON, BILL	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, BILL	2. NAME	
STREET ADDRESS	708 MINORCA AVE	3. STREET ADDRESS	
CITY, ST, ZIP	CORAL GABLES FL 33134	4. CITY, ST, ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY, ST, ZIP		8. CITY, ST, ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. CITY, ST, ZIP	

14. I, the undersigned, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(6)(a), Florida Statutes. I further certify that the information included 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 registered agent empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, and an affidavit with an address.

SIGNATURE: *Bill Richardson* Bill Richardson 4/11/95 305-445-3278
(Signature typed in printed letters of signing officer or director)