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 MAY -1 AM 10:15

DOCUMENT # **P93000069025 (3)**

1. Corporation Name
DISTRIBUTECH COMMUNICATIONS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
9440 PHILLIPS HWY STE 2 JACKSONVILLE FL 32256 US	9440 PHILLIPS HWY STE 2 JACKSONVILLE FL 32256 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/05/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 3751 ONE SAN JOSE PLACE	26 3751 ONE SAN JOSE PLACE
22 Suite, Apt. #, etc. SUITE #15	27 Suite, Apt. #, etc. SUITE #15
23 City & State JACKSONVILLE, FLORIDA	28 City & State JACKSONVILLE FLORIDA
24 Zip 32257 25 Country UNITED STATES	29 Zip 32257 30 Country UNITED STATES

4. FEI Number: 59-3097741 — 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 nobility 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
LEVINE, WILLIAM A 3840 CROWN POINT RD JACKSONVILLE FL 32257	81 Name: LEVINE, William A. 82 Street Address (P.O. Box Number is Not Acceptable): 3751 ONE SAN JOSE PLACE 83 SUITE #15 84 City: JACKSONVILLE FL 85 Zip Code: 32257

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] DATE: 5-1-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19		
TITLE	DP	11 TITLE	DP	☑ Change ☐ Addition
NAME	LEVINE, MORRIS	12 NAME	LEVINE, MORRIS	
STREET ADDRESS	1151 HARBOUR POINT DR	13 STREET ADDRESS	3751 ONE SAN JOSE PLACE, SUITE #15	
CITY ST ZIP	PORT ORANGE FL 32019	14 CITY ST ZIP	JACKSONVILLE, FL. 32257	
TITLE	D	21 TITLE	D	☑ Change ☐ Addition
NAME	LEVINE, EDITH	22 NAME	LEVINE, EDITH	
STREET ADDRESS	1151 HARBOUR POINT DR	23 STREET ADDRESS	3751 ONE SAN JOSE PLACE, SUITE #15	
CITY ST ZIP	PORT ORANGE FL 32019	24 CITY ST ZIP	JACKSONVILLE, FL 32257	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(i), 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 asterisk.

SIGNATURE: [signature] 5-1-95

0021748 CP