FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT
1995

DOCUMENT # P93000072261 (9)

1. Entity Name
SIM-BECK COMMUNICATIONS, INC.

APPROVED
MAY 1
FILED
95 MAY -1 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1612 CROSSRIDGE DR BRANDON FL 33510	1612 CROSSRIDGE DR BRANDON FL 33510

Document Will Be Returned to the Above Address

3. Date Incorporated or Qualified: 10/14/1993
3a. Date of Last Report: 05/01/1994

21 Street Address: 1202 TECH BLVD	26 Mailing Address: P.O. Box 1043	4. FEI Number: 59-3211431	☐ Applied For ☐ Not Applicable
22 Suite 102	27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State: Tampa, Fl 33619	28 City & State: Brandon, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip: 33619 25 County: HILLSB	29 Zip: 33509 30 County: HILLSB	8. This corporation has only its primary tax address in Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HOLMES, T E 5020 N NEBRASKA AVE TAMPA FL 33603	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.1005 and 607.1008, 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: (If changing Registered Agent, Registered Agent must sign here) (If changing Registered Agent, Registered Agent must sign here) Date

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D NAME BECKFORD, ANTHONY C STREET ADDRESS 1612 CROSSRIDGE DR CITY-ST-ZIP BRANDON FL 33510	11 TITLE ☐ Change ☐ Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP
TITLE D NAME BECKFORD, CECELIA S STREET ADDRESS 1612 CROSSRIDGE DR CITY-ST-ZIP BRANDON FL 33510	21 TITLE ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 above, or on an attachment with an address.

SIGNATURE: Anthony C. Beckford
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

4/19/95 (813)620-0744
Daytime Phone #

0280010 CP