FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000073327 (7)

FLORIDA STATE FAX, INC.

Principal Place of Business
941 GALLITON WAY
PALM HARBOR FL 34684

Mailing Address
941 GALLITON WAY
PALM HARBOR FL 34684

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/18/1993
3a. Date of Last Report: 03/21/1994

2. Principal Place of Business — 2a. Mailing Address
21. — 26.
City, State, Zip — City, State, Zip
22. — 27.
P.O. Box — P.O. Box
23. — 28.
City — County — City — County
24. — 25. — 29. — 30.

4. FEI Number: 59-3209773 — 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. The corporation has subject to the provisions of Florida Statutes: [ ] Yes [X] No

9. Name and Address of Current Registered Agent

SITTMAN, STEPHANIE
941 GALLITON WAY
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

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 607.0505, 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 and, being familiar with the laws of Florida, hereby accepts appointment as registered agent and agrees to comply with the provisions of said Florida Statutes.

SIGNATURE

12. Officers and Directors
P
SITTMAN, STEPHANIE
941 GULLITON WAY
PALM HARBOR FL

13. Additions, Changes to Officers and Directors
Title — Name — Address — Change — Add

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer of the corporation or the receiver or trustee empowered to execute this report as required by Florida Statutes and that my name appears above, or on attachments hereto, in compliance with applicable laws.

SIGNATURE: Stephanie Sittman — Stephanie Sittman — 4-28-95 813 820324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE

0367228 CP