FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEFARTMENT OF STATE CORPORATION

ANNU	JAL REPORT	Secretar	Mortham y of State ORPORATIONS		
DOCU	1996 <i>93</i> 796 MENT # P9300 0	0073413 (5)			
1. Gorporation	ENT COMMUNICATIONS, IN	C.		1 18411451 HA 18155 HIH 85111 4511	
Principal Place of Business 2741 WEST 81ST STREET HIALEAH FL 33016		Mailing Address 4885 NW 94TH TERRACE SUNRISE FL			
US				 Date Incorporated or Qualified 10/22/1993 	3a. Date of Last Report 07/03/1995
ereneg	lace of Business	2a. Mailing Address		4. FEI Number 65-0503686	Applied For
Suite, Apt.	#. etc.	26 Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
Orty & Stat	te.	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζφ	Country	Zip	Country	8. This corporation has liability for	intangibie tax under s. 199.032,
24	25 g. Name and Address of Curren		30	Florida Statutes Yes 10. Name and Address of New F	Mo Registered ¢
.	g. Name and Address of Corren	i Registered Agent	81 Name	Teff William	
WILLIA	MS, JEFFREY A.		82 Street Add	ress (P.D. Box Number is Not Acceptat	ole)
	VEST 81ST STREET		488	5 NW 94#	race
HIALEA	NH FL 33016		83	•	
			84 City 50	nrise	FL 85 70,000 75 /
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	No sha a samed some	ention a hamita this statement for the pur	rpose of changing its registered office
or registe familiar v	to the provisions of Sections 607,0502 ered agent, or both, in the State of Floric vith, and ancent the obligations of Secti	on 667 0505, Florida Statutes	r by the corporation's doa	ind or directors. Thereby accept the app	omment as registered agent. Fam
SIGNATURE.	SULL CONTROL OF THE C	MU and to the order of the control o	: Psopstered Agent signatine recurre	ef when contactating)	DA ^T É
12.	0-00 OFFICERS AND	and the state of t	13.	ADDITIONS/CHANGES TO OF	CERS AND DIRECTORS IN 12
10.6	PO STEVENIA	☐ DELETE	1 1 1111.6		Change Addition
NAME	WILLIAMS, STEVEN L 4885 N.W. 94TH TERRACE		1.2 NAME		
STREET ADDRESS	SUNRISE FL		1.3 STREET ADDRESS 1.4 City - S1 - Zip		
TIFLE	VO	DELETE	2 1 TITLE		Change Addition
NAME	WILLIAMS, JEFFREY A.		2.2 NAME		
STHEET ACCRESS			2 3 STREET ADDRESS		
C. In - S1 - 2(P)	HIALEAH FL	The reference	2.4 CITY - ST - ZIP		Change Addition
T-TeF NAME		☐ DECETÉ	3 1 DILE 3 2 NAME		Chaile Dunnin
STREET ADDRESS			3.3 STHEET ADDRESS		
Cathist Za			3 4 CITY - ST - ZIP		
Ti'lf		☐ DELETE	4 1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STHEET ALIDRESS			4.3 STREET ADORESS		
TITLE		DELETE	4.4 CHY+S1+ZIP 5.1 TiTLE	*** A	Change Addition
NAME		<u> </u>	5.2 NAME		_ , —
STREET ADDRESS			5.3 STREET ADDRESS		
Offi-St ZiP			54 CITY St. 7IP		
T.116		DEFELE	6 3 1/1/10		Criange Addition
NAM:			6.2 NAME		
STREET ADORESS			6.3 STREET ADDRESS		

14. If do hereby certly that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certly that the information indicated on this arread report or supplemental aminual report is true and accurate and that my signature shall have the same legal effect as if made under eath, 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 13 if changed, or on an affaignment with an address.

SIGNATURE:

SIGNATURE:

CR2E034 (12/95)