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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

P93000081058 (8)

. Corporation N	(anne					
IN TOUCH COMMUNICATIONS, INC.						
Principal Place of	f Business	Mailing Address		I INDITEAL IIN IBIBA HILL BRILL BA	11: WE111 WEIST (VI	A. 14841 MAIN MISS MILE
5197 NW 157		5197 NW 15TH ST				
5197 NW 151	III OI	STE 205				
MARGATE FL 33063		MARGATE FL 33063			3a. Date of Last Report	
US		US		11/24/1993	08	/09/1995
Principal Plac	e of Business	2a. Mailing Address		4. FEI Number		Applied For
	W 155T.	26 5197N	W1551.	65-0451896		Not Applicat
Suite, Apt. #.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required
20	5	27 205		7.51.61.00.11.51.51.51	.	
City & State	A. II	City & State	ME CO	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
11/2	gale 114	28 14 1607	Country	This corporation has liability for	intangible tax t	
7p - 2	Country	29 330-6-2	30 USA		I I No	
3306	9. Name and Address of Curre		1501 42 /1	10. Name and Address of New F	Registered Ag	gent
			81 Name			
MATERIEF	R, MARYLYNN (IN TOL	M COMMUDICATIO	NS) 82 Street Add	ress (P.O. Box Number is Not Acceptate	ble)	
MIENE!	H, MARTETRIN (120 1 ∞2. W 15TH ST.	*41	Street Addi	reas in the partition of the test to the t	·	
519/ N			83		-	
	5 NTE FL 33063		0.0			85 Zip Code
*			84 City		FL	
Dureupot to	the provisions of Sections 607.05	i02 and 607.1508, Florida Statut-	es, the above named corpo	ration submits this statement for the pu	irpose of chari	ging its registered of
	ed agent, or both, in the State of Fig n, and accept the obligations of, Se			ration submits this statement for the peard of directors. Thereby accept the app	ion co in girininion,	sgistared agom: rum
	n, and accept the obligations of oc	CHOIL GOLD LINE TO COLOR TO CHOICE	•			
ignature _	Signature Typed or printed name of registe Adia;	port and fine it application (NC	it is Augustined Agont signature restum	ad which reinstabligh ADDITIONS/CHANGE'S TO OF	DATE COCEDE AND E	DIDECTORS IN 12
2.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OF		Change Add ti
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AME	WIENER, MARYLYNN	- 005	1 2 NAME			
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and cloes not qualify for the exemption stated in Section 119.07(3)(k). Floring statutes in Turner 114. I do hereby certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Black 13 if changed, or or an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 /954/9786/32

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