

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000000452 (0)

1. Corporation Name  
STREET STREET COMMUNICATIONS, INC.



Principal Place of Business 433 PLAZA REAL SUITE 275 BOCA RATON FL 33432 US	Mailing Address 433 PLAZA REAL SUITE 275 BOCA RATON FL 33432-3999 US
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3. Date Incorporated or Qualified 01/03/1994	3a. Date of Last Report 08/20/1996
4. FEI Number 13-3582139	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

9. Name and Address of Current Registered Agent  
ST. JUSTE, MARK  
9873 LAWRENCE RD.  
SUITE D-205  
BOYNTON FL 33436

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 Mark St. Juste CEO DATE 4/28/97

Signature typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CFO	<input type="checkbox"/> DELETE
NAME	HILL, JANICE J	
STREET ADDRESS	3410 CHARLESTON BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	ST. JUSTE, MARK	
STREET ADDRESS	9873 LAWRENCE RD, #D-205	
CITY-ST-ZIP	BOYNTON FL	
TITLE	COO	<input type="checkbox"/> DELETE
NAME	ROUNDTREE, ROBERT H	
STREET ADDRESS	1628 NW 8TH AVE	
CITY-ST-ZIP	FT LAUDERDALE F	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HOWARD, MICHAEL J	
STREET ADDRESS	2458 WILEY ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gerard Gilles	
1.3 STREET ADDRESS	7918 Blairwood Cir. S	
1.4 CITY-ST-ZIP	Lake Worth, FL 33467	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Fernanda Silva	
2.3 STREET ADDRESS	406 Lock Rd. #23	
2.4 CITY-ST-ZIP	Deerfield Bch., FL 33442	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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 address.

SIGNATURE: Mark St. Juste CEO DATE 4/28/97 (561) 362-5228

SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR

CR2E034 (9/96)