FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 8:57

DOCUMENT # **P94000000752 (3)**

1. Corporate Name
SMR COMMUNICATIONS, INC.

Principal Place of Business
351 S. CYPRESS RD.
POMPANO BEACH FL 33060
US

Mailing Address
351 S. CYPRESS RD
POMPANO BEACH FL 33060
US

3. Date of Incorporation: 12/27/1993
3a. Date of Last Report: 02/23/1994

2. Principal Place of Business — 21: SAME
2a. Mailing Address — 26: SAME
Suite And Bldg — 22
Suite And Bldg — 27
City & State — 23
City & State — 28
Zip — 24 — Country — 25
Zip — 29 — Country — 30

4. FEI Number: 65-0459547 — Applied For [ ] — Not Applicable [ ]
5. Certificate of Status Desired [X] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. Has corporation had assets for disposition under $ 100,000? Florida Statutes. [ ] Yes [X] No

9. Name and Address of Current Registered Agent
SCHACKER, BERNARD M
724 S.E. 7TH AVE.
POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent
81 Name: BUDDY MORTON
82 Street Address (P.O. Box Number is Not Acceptable): 351 S. CYPRESS RD.
83
84 City: POMPANO BEACH FL 85 Zip Code: 33060

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: Buddy Morton BUDDY MORTON 1.9.95
Signature, typed or printed name of registered agent, and date signed

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SELACKER, BERNARD M.
STREET ADDRESS	724 SE 7TH AVE
CITY ST ZIP	POMPANO BEACH FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

11 TITLE	PRES AND DIRECTOR [X] Change [ ] Add
12 NAME	BUDDY MORTON
13 STREET ADDRESS	351 S. CYPRESS RD.
14 CITY ST ZIP	POMPANO BEACH FL 33060
21 TITLE	[ ] Change [ ] Add
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	[ ] Change [ ] Add
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	[ ] Change [ ] Add
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	[ ] Change [ ] Add
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	[ ] Change [ ] Add
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I hereby certify that the information supplied with this filing, and amendments thereto, if any, is true and accurate. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall be an acknowledgment of the foregoing statement of facts. I hereby certify that I am an officer or director of this 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: Buddy Morton BUDDY MORTON 1.9.95 305.785.8880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0103580 CP