

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
ROBERT B. MURKIN
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 AM 8:57

DOCUMENT # P94000000752 (3)

1. Corporation Name:

SMR COMMUNICATIONS, INC.

Principal Place of Business		Mailing Address		Date of Last Report Filed	
351 S. CYPRESS RD. POMPANO BEACH FL 33060 US		351 S. CYPRESS RD. POMPANO BEACH FL 33060 US		3. Date of Incorporation or Registration	30. Date of Last Report
2. Principal Place of Business		2a. Mailing Address	26. Same	12/27/1993	02/23/1994
21. State Art. & Sec.		27. State Art. & Sec.		4. FFL Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22. City & State		28. City & State		5. Earthquake Disaster Report	\$8.75 Additional Fee Required
23. Zip	Country	29. Zip	30. Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SCHACKER, BERNARD M 724 S.E. 7TH AVE. POMPANO BEACH FL 33060				81. Name	Buddy Morton
				82. Street Address (P.O. Box Number is Not Acceptable)	351 S. CYPRESS RD.
				83.	
				84. City	POMPANO BEACH
				85. Zip Code	33060

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the 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 account the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Buddy Morton* **Buddy Morton**

1-9-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	NAME	1. NAME	PRES AND DIRECTOR
NAME	SELACKER, BERNARD M.	1. NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	724 SE 7TH AVE	2. NAME	Buddy Morton
CITY ST ZIP	POMPANO BEACH FL	3. STREET ADDRESS	351 S. CYPRESS RD.
TITLE	NAME	4. STREET ADDRESS	POMPANO BEACH FL 33060
NAME		5. CITY ST ZIP	
STREET ADDRESS		6. TITLE	
CITY ST ZIP		7. NAME	
TITLE	NAME	8. STREET ADDRESS	
NAME		9. CITY ST ZIP	
STREET ADDRESS		10. TITLE	
CITY ST ZIP		11. NAME	
TITLE	NAME	12. STREET ADDRESS	
NAME		13. CITY ST ZIP	
STREET ADDRESS		14. TITLE	
CITY ST ZIP		15. NAME	
TITLE	NAME	16. STREET ADDRESS	
NAME		17. CITY ST ZIP	
STREET ADDRESS		18. TITLE	
CITY ST ZIP		19. NAME	
TITLE	NAME	20. STREET ADDRESS	
NAME		21. CITY ST ZIP	
STREET ADDRESS		22. TITLE	
CITY ST ZIP		23. NAME	
TITLE	NAME	24. STREET ADDRESS	
NAME		25. CITY ST ZIP	
STREET ADDRESS		26. TITLE	
CITY ST ZIP		27. NAME	
TITLE	NAME	28. STREET ADDRESS	
NAME		29. CITY ST ZIP	
STREET ADDRESS		30. TITLE	
CITY ST ZIP		31. NAME	
TITLE	NAME	32. STREET ADDRESS	
NAME		33. CITY ST ZIP	
STREET ADDRESS		34. TITLE	
CITY ST ZIP		35. NAME	
TITLE	NAME	36. STREET ADDRESS	
NAME		37. CITY ST ZIP	
STREET ADDRESS		38. TITLE	
CITY ST ZIP		39. NAME	

14. I, (I) hereby certify that the information supplied with this filing is voluntarily furnished and that each party for whom complete statements are being filed has been duly advised. 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 the name and address of each individual that is an officer or director of the corporation or the receiver or trustee or person entitled to receive the 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 OFFICIAL OR DIRECTOR