FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # P94000015549 (6)
1. Corporation Name

SIGNAL COMMUNICATIONS SERVICE, INC.

Principal Place of Business	Mailing Address
2101 NW 33RD. ST. 800A. POMPANO BEACH FL 33069 US	2101 NW 33RD. ST. 800A. POMPANO FL 33069-1068 US

3. Date Incorporated or Qualified	3a. Date of Last Report
02/25/1994	05/01/1996

2. Principal Place of Business
21 | 5580 N.W. 36th AVE.
Suite, Apt. #, etc. 22

2a. Mailing Address
26 | 5580 N.W. 36th AVE.
Suite, Apt. #, etc. 27

City & State
23 | FORT LAUDERDALE, FL
Zip 24 | 33309 Country 25

City & State
28 | FORT LAUDERDALE, FL
Zip 29 | 33309 Country 30

4. FEI Number 65-0531672 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
FRANKLIN, JONATHAN
2101 NW 33RD ST
800-A
POMPANO EBHAC FL 33069

10. Name and Address of New Registered Agent
81 Name FRANKLIN, JONATHAN
82 Street Address (P.O. Box Number is Not Acceptable)
5580 N.W. 36th AVE.
83
84 City FORT LAUDERDALE, FL 85 Zip Code 33309

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 _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE **3-31-97**

12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE **DP** ☒DELETE NAME **CRUZ, ROBERT** STREET ADDRESS **2101 NW 33RD ST 800-A** CITY-ST-ZIP **POMPANO EBACH FL**	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☒Change ☐ Addition *DELETE*
TITLE **DVST P** ☐ DELETE NAME **FRANKLIN, JONATHAN A** STREET ADDRESS **2101 NW 33RD ST 800-A** CITY-ST-ZIP **POMPANO BEACH FL**	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☒Change ☐ Addition *Add "president" PDVST* *FRANKLIN, JONATHAN A.* *5580 N.W. 36 AVE.* *FORT LAUDERDALE, FL 33309*
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **3-31-97** Daytime Phone # **(954)739-8901**

0154520