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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P94000022859 (0)

DOCUMENT 1. Corporation Name	#	P94000022859

APPEL COMMUNICATIONS, INC. Principal Place of Business Mailing Address 10861 S.W. 117TH STREET 10861 S.W. 117TH STREET MIAMI FL 33176 MIAM! FL 33176 3. Date Incorporated or Qualified 3a. Date of Last Report 03/24/1994 04/27/1995 4. FEI Numbe 2. Principal Place of Business 2a. Mailing Address Applied For 65-0490512 Not Applicable 21 26 Suite Apt. #, etc \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, Zip Count v 710 Florida Statutes Yes No 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STERN, GARY E Street Address (P.O. Box Number is Not Acceptable) 82 10861 S.W. 117TH STREET 83 **MIAMI FL 33176** Zip Code 84 City 85 11. Pursuant to the provisions of Sections 607,0502 and 607,1503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, are both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the apprintment as registered agent, I am familiar with, and accept the obligations of Section 607,0505. Florida Statutes. SIGNATURE. (NOTE: Registered Agent signature required when ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Addition DELETE Change 1.13006 TITLE 1.2 NAME NAME STERN, GARY E 10861 S.W. 117TH STREET 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33176** 14 CITY - ST - ZIP CITY - ST - ZIP DELETE 2.11IILE Change Addition TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST- ZIP Change Add:tion DELETE 3 1 TILLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4 CITY - ST - ZIF CITY-ST-ZIP [] Change Addition DELE IL THILE 4.1 Title NAME 4.2 NAM STREET ADDRESS 4.3 STREET ADDRESS 4.4.C-TY - ST - Z:P CITY-ST-ZIP [] DELETE 5.1 III.E TITLE 5.2 NAME NAME 300001805893 STREET ADDRESS 5.3 STREET ADDRESS -05/03/96--01004--017 5.4 CITY+ST-ZIP CITY - ST - ZIP ***200.00 DELETE Change ncitibbA 🔲 TITLE 6 1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY ST-ZIP CITY-ST-7IP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 13 if changed, or on an attachment with an address

SIGNATURE:

ar SIGNATURE AND TAPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(12/95)CR2E034