

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

FILED  
Feb 10 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000037752 (0)**

1. Corporation Name

**EXPRESS COMMUNICATIONS SUPPLY, INC.**



Principal Place of Business

**6770 E. ROGERS CIR.  
SUITE 105  
BOCA RATON FL 33089  
US**

Mailing Address

**6770 E. ROGERS CIR.  
STE 2006  
BOCA RATON FL 33487-2649  
US**

3. Date Incorporated or Qualified

**05/19/1994**

3a. Date of Last Report

**06/14/1996**

2. Principal Place of Business

**21 6770 EAST ROGERS CR**

Suite, Apt. #, etc.

**22**

City & State

**23 BOCA RATON FL**

Zip

**24 33487**

Country

**25 PB**

2a. Mailing Address

**26 6770 E. ROGERS CR**

Suite, Apt. #, etc.

**27**

City & State

**28 BOCA RATON FL**

Zip

**29 33487**

Country

**30 PB**

4. FEI Number

**65-0491605**

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

**MELITO, CHRIS J  
3016 S OAKLAND FOREST DR  
STE 2906  
OAKLAND PARK FL 33309**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	<b>SVP</b>	<input type="checkbox"/> DELETE
NAME	<b>MELITO, CHRIS J</b>	
STREET ADDRESS	<b>3016 S OAKLAND FOREST DR 2906</b>	
CITY - ST - ZIP	<b>OAKLAND PARK FL</b>	

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>NEIL H. BABER</b>	
STREET ADDRESS	<b>1798 NEWPORT LAKE CIR.</b>	
CITY - ST - ZIP	<b>BOCA RATON FL</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>PRES</b>
2.3 STREET ADDRESS	<b>NEIL H. BABER</b>
2.4 CITY - ST - ZIP	<b>1798 NEWPORT LAKE CIR. BOCA RATON FL 33496</b>

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:

*Neil H. Baber*

2/12/97

561 995 8831

CR2E034 (9/96)