SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUL 24 AM 11:12

DOCUMENT # **P94000050987 (4)**

1. Corporation Name

COMMUNICATIONS CONSULTANTS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
3326 N.E. 33RD STREET #200 FT. LAUDERDALE FL 33308	3326 N.E. 33RD STREET #200 FT. LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/05/1994 | 3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 11229 W. Atlantic Blvd.	26 10619 W. Atlantic Blvd.
22 Suite, Apt. #, etc: 201	27 Suite, Apt. #, etc: 238
23 City & State: Coral Springs, Fl.	28 City & State: Coral Springs, Fl.
24 Zip: 33071 25 County: U.S.A	29 Zip: 33071 30 County: U.S.A

4. FEI Number: 65-0504415 ☐ Applied For ☐ Not Applicable

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

6. [illegible] ☐ **$5.00** May Be Added to Fees

8. This corporation has [illegible] Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DARLINGTON, PATRICIA S 11229 W. ATLANTIC BLVD. #201 CORAL SPRINGS FL 33071	81 Name 82 [illegible] (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 [illegible]

12. OFFICERS AND DIRECTORS		13. [illegible]	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	DARLINGTON, PATRICIA S	12 NAME	
STREET ADDRESS	11229 W ATLANTIC BLVD. #201	13 STREET ADDRESS	
CITY ST ZIP	CORAL SPRINGS FL 33071	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☒ Change ☒ Addition
NAME	DURNELL, MANNETTA Y	22 NAME	VS DARLINGTON, HEADLEY
STREET ADDRESS	618 N.W. 113TH ST. #31	23 STREET ADDRESS	11229 W. Atlantic Blvd. #201
CITY ST ZIP	BOCA RATON FL 33486	24 CITY ST ZIP	Coral Springs, Fl 33071
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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] / Patricia S. Darlington, President 7/18/95 (305) 341-3438
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0072160 CP