

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000051986 (5)

1. Corporation Name

FOSTER COMMUNICATIONS, INC.



Principal Place of Business

Mailing Address

15440 S.W. 294TH TERRACE
LEISURE CITY FL 33033

15440 S.W. 294TH TERRACE
LEISURE CITY FL 33033

2. Principal Place of Business

2a. Mailing Address

21 3506 SE 2nd Court
Suite, Apt #, etc

26 3506 SE 2nd Court
Suite, Apt #, etc

22 City & State

27 City & State

23 Boynton Beach, FL

28 Boynton Beach, FL

24 Zip

25 Country

29 Zip

30 U.S.A.

33435

USA

33435

U.S.A.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/11/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0502233

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

10. Name and Address of New Registered Agent

81 Name

Kneegeris, Elizabeth

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

3506 S.E. 2nd Court

83

84 City

Boynton Beach

FL

85 Zip Code

33435

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 607.0506, 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 D
NAME KNEGERIS, ELIZABETH
STREET ADDRESS 15440 S.W. 294TH TERRACE
CITY-ST-ZIP LEISURE CITY FL 33033
3506 SE 2ND COURT
BOYNTON BEACH, FL
33435

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE
12 NAME Kneegeris, Elizabeth
13 STREET ADDRESS 3506 S.E. 2nd Ct
14 CITY-ST-ZIP Boynton Beach, FL 33435

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elizabeth Kneegeris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-18-96 (561) 374-9508
Date Daytime Phone #