FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P94000053607 (5)

1. Corporation Name
THE COMMUNICATIONS ALLIANCE, INC.

Principal Place of Business: ~~4152 WEST BLUE HERON BLVD. STE. 118 RIVIERA BEACH FL 33404~~

Mailing Address: ~~4152 WEST BLUE HERON BLVD. STE. 118 RIVIERA BEACH FL 33404~~

2. Principal Place of Business
21 4521 PGA Blvd
Suite, Apt. #, etc.
22 Suite 150
City & State
23 Palm Beach Gardens
Zip 24 33418 Country 25 Palm Beach

2a. Mailing Address
26 4521 PGA Blvd
Suite, Apt. #, etc.
27 Suite 150
City & State
28 Palm Beach Gardens
Zip 29 33418 Country 30 PB

3. Date Incorporated or Qualified: 07/18/1994
3a. Date of Last Report: 04/17/1995
4. FEI Number: 65-0512618 ☐ 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

HUSSEY, JOHN F
~~112 LAKESHORE DRIVE~~
~~NORTH PALM BEACH FL 33408~~

10. Name and Address of New Registered Agent

81 Name: Hussey, John F.
82 Street Address (P.O. Box Number is Not Acceptable): 4521 PGA Blvd, Suite 150
83 /
84 City: Palm Beach Gardens FL 85 Zip Code: 33418

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] DATE: 2-12-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	HUSSEY, JOHN		1.2 NAME	
STREET ADDRESS	~~112 LAKESHORE DR~~		1.3 STREET ADDRESS	4521 PGA Blvd, Suite 150
CITY-ST-ZIP	~~N. PALM BEACH FL 33408~~		1.4 CITY-ST-ZIP	Palm Beach Gardens FL 33418
TITLE	ST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HUSSEY, NANCY R		2.2 NAME	
STREET ADDRESS	~~112 LAKESHORE DR~~		2.3 STREET ADDRESS	
CITY-ST-ZIP	~~N. PALM BEACH FL 33408~~		2.4 CITY-ST-ZIP	Same as above
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 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 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] JOHN F. HUSSEY — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 2-12-96 Daytime Phone #: 407 379 3163

CR2E034 (12/95)