

Due Date: 05/01/94

Amount Due: \$200.00

If After Due Date: \$225.00

APPROVED
AND
FILED

95 MAY -8 PM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Name and Mailing Address of Corporation DOCUMENT # P94000061009

NETWORK COMMUNICATION SYSTEMS, INC.
11098 Biscayne Boulevard #201
Miami, Florida 33161

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified	3a. Date of Last Report
8/16/94	
4. FEI Number	Applied For
65-0577047	Not Applicable
5. Certificate of Status Desired	\$0.75 Additional Fee Required
☐	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
☐	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$138.75 Supplemental Fee Not Required
☐	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

FILING FEE \$200.00 ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

2. Mailing Address	2a. Principle Place of Business
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

Gerald Greenspoon
100 W. Cypress Creek Road
Suite 700
Ft. Lauderdale, Florida 33309

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83. City	84. Zip Code	85. Country
Peter G. Gruber, P.A.	One Datan Center, Suite 910	9100 South Dadeland Boulevard	FL 33156	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 my appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Peter G. Gruber*

DATE 05/05/95

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS CHANGES	
1. NAME	P/S/D Shevin Goodman	1.1 NAME	
2. ADDRESS	11098 Biscayne Boulevard #201	1.2 ADDRESS	
3. CITY, ST., ZIP	Miami, Florida 33161	1.3 CITY, ST., ZIP	
4. NAME		2.1 NAME	
5. ADDRESS		2.2 ADDRESS	
6. CITY, ST., ZIP		2.3 CITY, ST., ZIP	
7. NAME		3.1 NAME	
8. ADDRESS		3.2 ADDRESS	
9. CITY, ST., ZIP		3.3 CITY, ST., ZIP	
10. NAME		4.1 NAME	
11. ADDRESS		4.2 ADDRESS	
12. CITY, ST., ZIP		4.3 CITY, ST., ZIP	
13. NAME		5.1 NAME	
14. ADDRESS		5.2 ADDRESS	
15. CITY, ST., ZIP		5.3 CITY, ST., ZIP	
16. NAME		6.1 NAME	
17. ADDRESS		6.2 ADDRESS	
18. CITY, ST., ZIP		6.3 CITY, ST., ZIP	

500001481295
-05/09/95--01112--013
****225.00 ****225.00

14. I 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. I further certify that I am an officer or director of the corporation or the resident or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12, Block 13, or Block 14, or on an attachment with an address.

SIGNATURE *Shevin Goodman* Shevin Goodman, DATE 05/05/95
Title of Officer or Director President Daytime Telephone Number ()