

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

APPROVED
AND
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1997 JUN 23 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 05-1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 994000064233
1. Corporation Name
PRESSMAN COMMUNICATIONS, INC

Principal Place of Business <u>4400 N Federal Highway</u> <u>Suite 210</u> <u>Boca Raton, FL 33431</u>	Mailing Address <u>345 N York Road</u> <u>Hatboro PA 19040</u>
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2. Principal Place of Business 21 <u>4400 N Federal Highway</u> Suite, Apt. #, etc. 22 <u>Suite 210</u> City & State 23 <u>Boca Raton FL</u> Zip 24 <u>33431</u> Country 25 <u>USA</u>	2a. Mailing Address 26 <u>345 N. YORK ROAD</u> Suite, Apt. #, etc. 27 City & State 28 <u>HATBORO, PA</u> Zip 29 <u>19040-2045</u> Country 30 <u>USA</u>
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3. Date Incorporated or Qualified <u>8/26/94</u>	3a. Date of Last Report
4. FEI Number <u>65-0515621</u>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name <u>Scott Pressman</u>
82 Street Address (P.O. Box Number is Not Acceptable) <u>4400 N Federal Highway</u>
83 <u>Suite 210</u>
84 City <u>Boca Raton</u>
85 Zip Code <u>FL 33431</u>

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 _____ (NOTE: Registered Agent Signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<u>President</u> <input checked="" type="checkbox"/> DELETE
NAME	<u>Scott Pressman</u>
STREET ADDRESS	<u>4400 N Federal Highway Suite 210</u>
CITY-ST-ZIP	<u>Boca Raton FL 33431</u>
TITLE	<u>Vice-President</u> <input checked="" type="checkbox"/> DELETE
NAME	<u>Steven Pressman</u>
STREET ADDRESS	<u>345 N York Road</u>
CITY-ST-ZIP	<u>Hatboro PA 19040</u>
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	<u>President</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<u>Steven Pressman</u>
1.3 STREET ADDRESS	<u>345 N York Road</u>
1.4 CITY-ST-ZIP	<u>Hatboro PA 19040</u>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
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: Rowland M Smith Jr, Treasurer 6/18/97 25672 8880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)



PRESSMAN COMMUNICATIONS, INC.
TRADE AND CONSUMER SHOWS



June 18, 1997

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern

We request abatement of interest & penalties on the late payment of Corporate fees for the above referenced company. The Corporate address changed in 1994 from the address of record at the date of incorporation to its current address. We notified the Florida Department of Revenue of this address change in early 1995 at the time of filing our 1994 Florida S Corporate Tax Return.

We are Pennsylvania residents and were unaware of the annual fee requirements for Florida S Corporations and as a result of not receiving the forms we inadvertently missed making timely payments. We are enclosing our payment to bring our Corporation up to date and we request that you update your files accordingly and notify our office of your actions taken in this matter. Based on our notification of our address change in early 1995 and the failure by Florida Department of Taxes to mail us the forms to this new address, we feel that we have reasonable cause for our late payments. We will make sure that we stay on top of this from now on.

Please contact our office if additional information is required.

Very truly yours,

Rowland M. Smith, III
Treasurer