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 # **P94000065375 (5)**

1. Corporation Name
KRELL COMMUNICATIONS, INC.

Principal Place of Business
2881 E. OAKLAND PARK BLVD., #300
FORT LAUDERDALE FL 33306

Mailing Address
2881 E. OAKLAND PARK BLVD., #300
FORT LAUDERDALE FL 33306

3. Date Incorporated or Qualified: **09/02/1994**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 3419 APALACHEE PARKWAY
Suite, Apt. #, etc
22
City & State
23 TALLAHASSEE, FL
Zip 24 32311 Country 25 U.S.A.

2a. Mailing Address
26 2101 N ANDREWS AVENUE
Suite, Apt. #, etc.
27 SUITE 200
City & State
28 FORT LAUDERDALE, FL
Zip 29 33311 Country 30 U.S.A.

4. FEI Number: **59-3266645** 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
BIRR, JAMES O JR.
2881 E. OAKLAND PARK BLVD., #300
FORT LAUDERDALE FL 33306

10. Name and Address of New Registered Agent
81 Name: BIRR, JAMES O., JR.
82 Street Address (P.O. Box Number is Not Acceptable): 2101 N. ANDREWS AVENUE
83 SUITE 200
84 City: FORT LAUDERDALE FL 85 Zip Code: 33311

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: JAMES O. BIRR, JR., ESQ. 5/2/96
Signature (typed or printed name of registered agent) (Date signature) (NOTE: Registered Agent's signature required on reverse side) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	FORSMAN, BURTON J	
STREET ADDRESS	4219 CAMDEN ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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 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: BURTON J. FORSMAN 5/1/96 (904) 877-7329
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)