

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

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May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000065375 (5)

1. Corporation Name
KRELL COMMUNICATIONS, INC.

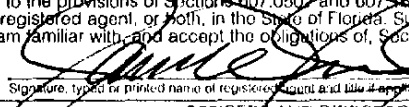


Principal Place of Business 3419 APALACHEE PKWY TALLAHASSEE FL 32311 US	Mailing Address 2100 N. ANDREWS AVENUE SUITE 200 PORT LAUDERDALE FL 33304 US
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2. Principal Place of Business 21	2a. Mailing Address 26 600 NORTHEAST 3RD AVENUE	3. Date Incorporated or Qualified 09/02/1994	3a. Date of Last Report 05/01/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3266645	Applied For Not Applicable
City & State 23	City & State 28 FORT LAUDERDALE, FLORIDA	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
Country 25	Zip 29 33304	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	Country 30 U.S.

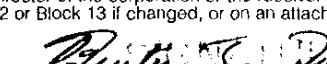
9. Name and Address of Current Registered Agent BIRR, JAMES O JR. 2100 N. ANDREWS AVENUE SUITE 200 PORT LAUDERDALE FL 33304	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 600 NORTHEAST 3RD AVENUE 83 84 City FORT LAUDERDALE FL 85 Zip Code 33304
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11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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., Registered Agent 4/29/97
(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP FORSMAN, BURTON J 4219 CAMDEN ROAD TALLAHASSEE FL 32303	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 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  Burton J. Forsman 4/29/97

CR2E034 (9/96)