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.#

1. Corporation Name

P94000066613 (8)

| ELITE DIGITAL COMMUNICATIONS, INC. | | | | | | | | | |
|--|---|-----------------------------|--------------------|--|-------------|--|-------------------|--------------------|-------------------------|
| Principal Place | of Business | Mailing Address | | | | 1 10071001 100 10111 0 | IGII EDIN GGIN | | <u> </u> |
| 1515 S ORI | ANDO AVENUE | 1515 ORLANDO AVENUE | | | | | | | |
| SUITE A | | SUITE | | | | | | | |
| ORLANDO F | it 32751 | ORLANDÓ FL 32751 |) | | | 3. Date Incorporated or | Oualified | 3a. Date of Last | Report |
| ' | ` | | 4 | | | 09/12/1994 | GGGMIDG | 05/01/ | |
| 2. Principal Pla | ice of Business | 2a. Mailing Address | <u>V</u> | , | | 4. FEI Number | | 00/01/ | Applied For |
| | ROBINSON STREET | 2a. Mailing Address 26 SAME | ASYPE | ACC | ラド | 59-3266802 | | - | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 7 | | N11 | \$8.7 | 5 Additional |
| 22 SUITE | 210 | 27 | | | | 5. Certificate of Status E | | Fee | Required |
| City & State | NDO - FLORIDA | City & State | • | | | Election Campaign Fi Trust Fund Contributi | • | 1 1 | 00 May Be ed to Fees |
| Zip | Country | Zip | Coun | try | | 8. This corporation has I | liability for int | tangible tax under | s 199.032, |
| 24 3280 | 1 25 USA | 29 | 30 | | | Florida Statutes | ☐ Yes | □No | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | | | |
| 81 Name To | | | | | | 1 BURDICK | | | |
| CAPELLI, JOSEPH | | | | 1 | Address | (P.O. Box Number is Not | Acceptable | SUITE | 010 |
| 1515 S ORLANDO AVENUE SUITE A | | | 1 | 41 | <u> </u> | ROBINSON S | TREET | , 50/10 | 210 |
| | DO FL 32751 | | | 34 City | | | | 85 A | ip Code |
| | | | | 1.0 | LLA | NUO | , | | 32801 |
| 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. | | | | | | | | | |
| familiar with, and accept the obligations of, Seckier 607.0505, Extrice Statutes. SIGNATURE Signature specific specific specific specific and title if applicable. NOTE Registered Agent signature required when reinstaling. DATE | | | | | | | | | |
| SIGNATURE T | Signature, typed or printed name of registered agent an | d bills if excellentals | TE Constant A | good signature | 701 | 1 BURDICK-/ | Jay 1 | /96 | |
| 12. | olgnaturer typed or printed fizhre of registered agent an OFFICERS AND | | 13. | gent signature i | equired who | ADDITIONS/CHANGE | S TO OFFIC | CERS AND DIRECT | OBS IN 12 |
| THILF | CD | DELETE | 1, 1 TIT | Lŧ | <u>_</u> _ | • | | Change | |
| NAME | DINKLACE, KEN | | 1.2 NAM | ΛÉ | KEN | U DINKLA. | GE | • | |
| STREET ADDRESS | 620 E. COLONIAL DR., BOX | 333709 | 1.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | ORLANDO FL | | • | (-ST-2IP | | | | | |
| TITLE | CD | ⊠ DELETÉ | 2. 1 7(7 | | PD | | | ☐ Change | Addition |
| NAME | FANELLI, JIM | | 2.2 NAA | ΛE | TOM | BURDICK | | | • |
| STREET ADDRESS | 3600 NW 82ND AVENUE | | 2 3 STREET ADDRESS | | 41 E | E. ROBINSON street, SUITE 210 | | | |
| CITY-ST-ZIP | MIAM! FL | | 2.4 CITY-ST-ZIP | | ORL | RLANDO, FL 32801 | | | |
| TITLE | SCD | DELETE | 3 1 111 | | | | | ☐ Change | Addition |
| NAME | HUNTER, CLAUDE | | 3.2 NAA | Æ | | | | | |
| STREET ADDRESS | 620 E. COLONIAL DR., BOX | 531166 | 3.3 STF | REET ADDRESS | | | | | |
| CITY-ST-ZIP | ORLANDO FL | | 3 4 CIT | r-ST-ZIP | , | | | | |
| TITLE | CD | ™ DELE1E | 4. 1 T/T | | | DIT | | ☐ Change | Add-tion |
| NAME | INOCHOVSKY, ROMAN | • | 4.2 NAM | A E | DUN | 1' REYNOLDS | S | | |
| STREET ADDRESS | 132 POWELL BLVD., #9307 | | 4.3 STR | EET ADDRESS | | WATER COUR | τ | | |
| CHTY - ST - ZiP | DAYTONA BEACH FL | | 4.4 CIT | r-ST-ZIP | | ANDO, FL | 328 | 04 | |
| TITLE | PD | DELETE | 5. 1 T(T | LE | B | /// | | Change | Addition |
| NAME | Capelli, Joe | - | 5.2 NAN | AE _ | BHI | COCEMAN | | | |
| STREFT ADDRESS | 908 RIVERBEND BLVD | | 5 3 STR | EFT ADOBESS | | 2 take PIN | rou | BLV ! | |
| CITY-ST-ZIP | LONGWOOD FL | | 5 4 CIT | (-SI-ZIP | Ope | ANDO, GL 32 | 2856 | | |
| TITLE | CD | X DELETE | 6. 1 11 | LE | D | <u>.</u> | | ☐ Change | Addition |
| NAME | COUALLIER, CHRISTOPHE | | 6 2 NAN | AE . | 5001 | - SHOTHERM | AN | ref. | |
| STREET ADDRESS | 849 S WYMORE RD, 26 A | | 6.3 STR | EET ADDRESS | 128 | WISTERA | AVENU | E | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL | | 6.4 C(T) | 7-ST-ZIP | ORLI | ANDO , FL | 32806 | | |

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.

ING OFFICER OR DIRECTOR

SIGNATURE:

407-839-5511