FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 DOCUMENT #

P94000093934 (5)

PROMARK TELECOMMUNICATIONS, INC.

Principal Place of Business

FILED Apr 26 1996 8:00 am Secretary of State



21 2 2 2 2 2 2 City & State			28. 26 27 28	Suite, Apt. #, etc. 7 City & State				5. 6.	3. Date Incorporated or Qualified 12/29/1994 10/05/1995 4. FEI Number Applied Not Applied Not Applied 65-0551263 Not Applied 5. Certificate of Status Desired \$8.75 Additt Fee Require 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Added to Fee 8. This corporation has liability for intangible tax under s 199.03				
24 25 21				30					Florida Statutes Yes No				
	9, Name	and Address of Curren	t Registe	ered Agent		81		10.	Name and Address of New	Registered	Agent		
STEINER, LOUIS A 1100 PARK CENTRAL BLVD. SOUTH SUITE 3800 POMPANO BEACH FL 33064							Street	FL 101 24 0000					
familia SIGNATUR	r with	the obligation of Section printed name of registered agent	on 607.0	505, Florida Statutes	ea by in: LOU	e corp	oration's	orporation significant of dispersion of disp	submits this statement for the pirectors. I hereby accept the ap	urpose of cha pointment as DATE	registered	registered office d agent. I am	
12.		OFFICERS AND	DIRECT		13	1.			ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	ORS IN 12	
TITLE	P			DELETE	1.	TITLE				1	Change	Addition .	
NAME STREET ADDRE CITY-ST-ZIP	ss 1100 F	ER, LOUIS A PARK CENTRAL BLVD ANO BEACH FL 3306		Н	13	NAME STREET CITY-S	ADDRESS	SUITE	5100				
TITLE	V			DELETE		TITLE		 			Change	7 Addition	
NAME STREET ADORE CITY-ST-ZIP	ss 1100 F	er, stephen e Park Central Blyd Ano Beach Fl 3306			22	NAME	ADDRESS	Soite	8100	L] Grange	E Nosilon	
TITLE	C			☐ DELETE	3. 1	TITLE		1			Change	Addition	
NAME STREET ADDRES CITY-ST-ZIF	ss 1100 F POMP/	enberg, george Park Central Blvd. Ano Beach Fl 3306		<u></u>	33	NAME STREET CITY-S	ADDRESS I - ZIP	SUITE	3100		,	_	
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NAMŁ	LAUIN,	JEFF			4.2	NAME)	LAYING	D, SKFF	œ.	<u></u>	_	
STREET ADDRES		ARK CENTRAL BLVD.		1	4.3	STREET	ADDRESS	SUITE :	•	•	_		
CITY - ST - ZIP	POMPA	NO BEACH FL 3306	\$		4.4	CITY - S	- ZIP		_				
TITLE				☐ DELETE	5. 1	TITLE	•				Change	Addition	
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STREET ADDRES	ss				53	STREET	ADDRESS						
CITY - ST - ZIP						CHY-SI						l	
TITLE				☐ DELETÉ		TITLE				Г	Change	☐ Addition	
NAME					6.2	NAME		!		<u>.</u>			
STREET ADDRES	ss						address					ļ	
CITY - ST - ZIP						CITY-SI						ļ	
	reby certify that t	ne information supplied w	ith this fil-	ng is voluntarily furnis	shed and	1 does	not qua	lify for the e	exemption stated in Section 119	0.7/3)(b) Eloc	ida Statut	too I further	

certify that the irr formation 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 of orector of the exporation 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 15 if chapter 6 or an attachment with an address.

SIGNATURE:

LAVIS A. STOWER

(454)972-0022