

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 AUG 21 AM 8:37

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DOCUMENT # P95000003840 (2)

1. Corporation Name  
COMMUNICATION SUPPORT, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

3901 NW 145 ST  
BLDG. 147  
OPA LOCKA FL 33054

Mailing Address

3901 NW 145 ST  
BLDG. 147  
OPA LOCKA FL 33054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/13/1995	3a. Date of Last Report 11/15/1996
4. FEI Number NOT APPLICABLE	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

HERNANDEZ, AMY  
4000 W. 11TH LANE  
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, ELEAZAR	1.2 NAME	
STREET ADDRESS	1211 SW 178TH WAY	1.3 STREET ADDRESS	800002279138--0
CITY-ST-ZIP	PEMBROKE PINES FL 33029	1.4 CITY-ST-ZIP	-08/27/97--0114--020
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	****165.00 ****165.00
NAME	CANNON, RUTH ANNA	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1528 N.E. 17TH WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 \_\_\_\_\_ SIGNATURE REQUIRED

CR2E034 (4/97)

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Communicaton Support, Inc.  
3901 N.W. 145 Street  
Bldg. 147  
Opa Locka, Fl. 33054

Division of Corporations  
Annual Report Section  
P.O. Box 1500  
Tallahassee, Fl. 32302

August 15, 1997  
Ref: Communications Support, Inc.

Dear Sirs,

Per our phone conversation, I am sending this letter to advise you that the first notice for the 1997 profit corporation annual report was never sent to me. Therefore that is the reason for the delay in the payment that was not yet sent out. I am sending along with this letter a check for the amount of \$165.00 for the total as agreed by phone conversation, along with the report filled out. If there should happen to be any further questions please contact me.

Thank You,

  
Eleazar Gonzalez