

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 # P95000004116 (6)

1. Corporation Name

AFFILIATED COMMUNICATIONS INTEGRATORS CORP.



Principal Place of Business

Mailing Address

2737 ENTERPRISE ROAD, EAST
SUITE 111
CLEARWATER FL 34619

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SUITE 111
CLEARWATER FL 34619

3. Date Incorporated or Qualified 01/13/1995	3a. Date of Last Report
4. FEI Number 59-3287941	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	

2. Principal Place of Business	2a. Mailing Address
21 2575 Ulmerton Road Suite, Apt. #, etc.	26 2575 Ulmerton Road Suite, Apt. #, etc.
22 Suite 300 City & State	27 Suite 300 City & State
23 Clearwater, FL Zip	28 Clearwater, FL Zip
24 34622	29 34622
25	30

9. Name and Address of Current Registered Agent

SALMON, EDWIN B JR.
2737 ENTERPRISE ROAD, EAST
SUITE 111
CLEARWATER FL 34619

10. Name and Address of New Registered Agent

81 Name Tom Kelso	82 Street Address (P.O. Box Number is Not Acceptable) 2575 Ulmerton Road	83 Suite 300	84 City Clearwater,	85 FL	Zip Code 34622
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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 Tom Kelso

(NOTE: Registered Agent signature required when registering)

DATE

2/29/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ DELETE	1.1 TITLE	President & CEO ☐ Change ☒ Addition
1.2 NAME		1.2 NAME	Stephen E. Williams
1.3 STREET ADDRESS		1.3 STREET ADDRESS	130 Marina Del Rey Ct.
1.4 CITY - ST - ZIP		1.4 CITY - ST - ZIP	Clearwater, FL 34630
2.1 TITLE	☐ DELETE	2.1 TITLE	Vice President ☐ Change ☒ Addition
2.2 NAME		2.2 NAME	Ellen Geffert Williams
2.3 STREET ADDRESS		2.3 STREET ADDRESS	130 Marina Del Rey Ct.
2.4 CITY - ST - ZIP		2.4 CITY - ST - ZIP	Clearwater, FL 34630
3.1 TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP		3.4 CITY - ST - ZIP	
4.1 TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP		4.4 CITY - ST - ZIP	
5.1 TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP		5.4 CITY - ST - ZIP	
6.1 TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP		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 *Stephen E. Williams*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96 (813) 571-1185
Date Daytime Phone #

CR2E034 (12/95)