

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 # P95000004702

1. Corporation Name

COMMUNICATIONS DEPOT, INC.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified

01/19/95

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 c/o Kluger, Peretz, et al.

26 c/o Kluger, Peretz, et al.

4. FEI Number

65-0570836

Applied For

Not Applicable

22 Suite, Apt. #, etc.  
201 So. Biscayne, #1970  
Blvd.

27 Suite, Apt. #, etc.  
201 So. Biscayne, #1970  
Blvd.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23 City & State  
Miami, FL

28 City & State  
Miami, FL

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24 Zip  
33131

25 Country  
U.S.A.

29 Zip  
33131

30 Country  
U.S.A.

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.  
1201 Hays Street, #105  
Tallahassee, FL 32301

81 Name

RONNY J. HALPERIN, ESQUIRE

82 Street Address (P.O. Box Number is Not Acceptable)

201 So. Biscayne Blvd.

83

Suite 1970

84 City

Miami

FL

85 Zip Code

33131

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

Signature and printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D/P/S

☐ Change ☒ Addition

1.2 NAME

Jason Itzler

1.3 STREET ADDRESS

c/o Kluger, Peretz, Kaplan & Berlin, P.A.

1.4 CITY-ST-ZIP

201 So. Biscayne Blvd., #1970

☐ Change ☐ Addition

2.1 TITLE

Miami, FL 33131

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

700001793577

4.2 NAME

-04/24/96--01095--059

4.3 STREET ADDRESS

\*\*\*200.00

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jason Itzler

4-22-96

305-354-2000

Date

Office Phone #

CR2E034 (12/95)