

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 # P95000009569 (1)

1. Corporation Name:

VALUE-LINE TELECOMMUNICATIONS, INC.



Principal Place of Business

Mailing Address

1121 CRANDON BLVD.
SUITE F602
KEY BISCAIYNE FL 33149

1121 CRANDON BLVD.
SUITE F602
KEY BISCAIYNE FL 33149

3. Date Incorporated or Qualified
02/01/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
65-0556647

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

9. Name and Address of Current Registered Agent

**CORPORATION SYSTEM, INC.
5200 BLUE LAGOON DRIVE DRIVE
SUITE 700
MIAMI FL 33126**

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 607.0506, Florida Statutes.

SIGNATURE:

Signature, type or print name, and date of registration, and file, if applicable.

SOLE Registered Agent's signature required when registering.

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D / T <input type="checkbox"/> DELETE
NAME	ROSS, MICHAEL I
STREET ADDRESS	1121 CRANDON BLVD. SUITE F602
CITY- ST- ZIP	KEY BISCAIYNE FL 33149
TITLE	D / P <input type="checkbox"/> DELETE
NAME	ROSS, ANDREW D
STREET ADDRESS	1121 CRANDON BLVD. SUITE F602
CITY- ST- ZIP	KEY BISCAIYNE FL 33149
TITLE	D/S <input type="checkbox"/> DELETE
NAME	MARILYN ROSS
STREET ADDRESS	1121 CRANDON BLVD. F602
CITY- ST- ZIP	KEY BISCAIYNE, FL 33149
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY- ST- ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY- ST- ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY- ST- ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY- ST- ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. 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 Book 12 or Book 23 if changed, or on a certificate with an address.

SIGNATURE: *Michael Ross* MICHAEL ROSS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

made 6, 1996 (305) 361-5604
Date: _____ Filing Phone: _____

CR2E034 (12/95)