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

**PROFIT** CORPORATION ANNUAL REPORT



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

			1	9	9	6

1. Corporation	MENT # P95000 C COMMUNICATIONS SYSTI					
Principal Place	of Business	Mailing Address			40::1 83:90 til99 ill61 [il	(B 14848 B)   1881
801 41ST STI MIAMI BEACE	reet-ste 600 FFL 33140	001 41ST STREET STE ( MIAMT BEACH FL 33140	600			
				3. Date Incorporated or Qualified 04/24/1995	3a. Date of Last I	Report
2. Principal Pla	ace of Business	2a. Mailing Address	72 ( 0) 1	4. FEI Number	V	Applied For
1   120 K Suite, Apt. #	eyal Palu Boach Blud.	26 120 Rayal Pal Surte, Apt. # letc.	u Bdn. Blud, 190	5. Certificate of Status Desired		Not Applicable  5 Additional Required
City & State 3 Kant	Palu Beach FL	City & State	Bonch, FZ	Election Campaign Financing     Trust Fund Contribution		00 May Be ed to Fees
Zip 4 3341	1 25 Palus Beach	710 29 33411	30 + John Barch	8. This corporation has liability for i		
	9. Name and Address of Current	Registered Agent		10. Name and Address of New R	egistered Agent	
			81 Name			
	N, THOMAS IV ENCIA AVENUE		82 Street Addr	ess (P.O. Box Number is Not Acceptab	le)	
	GABLES FL		83			
OOTH C	OF ECLES 1 C		84 City		E1 85 Z	Zip Code
or registere familiar wit SIGNATURE	o the provisions of Sections 607.0502 and agent, or both, in the State of Floridath, and accept the obligations of, Section 1997, and accept the obligations of, Section 1997, and accept the obligations of section 1997, and 199	a. Such change was authorized on 607.0505, Florida Statutes.	the above named corpor d by the corporation's boat Repole of Agent sepistur, require	ation submits this statement for the pur d of directors. Thereby accept the appo	pose of changing its ointment as registere	registered office d agent. I am
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF		ORS IN 12
TITLE	PTD	DELETE	1 171/16		Change	Addition
NAME	SIMON, STEVE		1.2 NAME			
STREET ADDRESS	801 41ST STREET STE 600 MIAMI BEACH FL 33140		1.3 STREET AUDRESS			
CITY-S1-ZIP	VSD	DELETE	2 1 TIFLE		Change	☐ Addition
AAME	SEARS, ED		2 2 NAME			
STREET ADDRESS	101 CORTES AVENUE		2.3 STREET ADORESS			
DITY-ST-ZIP	ROYAL PALM BEACH FL 3341		2.4.CITY-S1-ZIP			
î!IL <del>E</del>		DEFE 16	3 1 THLE		☐ Change	Addition
NAME			3 2 NAMI			
STREET ADDRESS			3.3 STHEFT ADDRESS 3.4 City - St - Zip			
DITY-ST-ZIP DITLE		[ ] DELETE	4 1 TILE		☐ Change	☐ Addition
NAME			4.2 NAME		_ ,	_
STREET ADDRESS			4.3 STREET ADDRESS			
PTY-ST-ZiP			4.4 CHY-S1-2IP			
TiTLE		DELETE	5 1 TILLE		☐ Change	Addition

6.4 CITY-ST-7IP CITY-ST-ZIP 14. Too 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 of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 61, or on an additional report and the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 61.

5.2 NAME

6 1 TILLE

6.2 NAME 6.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY - ST- ZIP

SIGNATURE:

NAME STREET ADDRESS

11"LF

NAME

CITY-ST-7IP

STREET ADDRESS

DELETE

March 16,1996

Change

☐ Addition