FILE NOW: FILING FEE AFTER MAY 1-18-\$225:00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B Mortham **FILED** ANNUAL REPORT Secretary of Late Jul 11 1996 8:00 am DIVISION OF CORPORATIONS 1996 P95000041433 (0) Secretary of State DOCUMENT # COMMUNICATION RESOURCES, INC. Principal Place of Business Maing Address 2806 N.E. 12TH STREET 2806 N.E. 12TH STREET POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 3. Date Incorporated or Qualified 3a Date of Last Report 05/25/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 65-0627723 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RETTS MADT ICHARD BREIT, RICHARD H 82 ox Number is Not Acceptable 3111 STIRLING D. FT. LAUDERDALE FL 33312 RR 84 City Zip Code 33062 Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office 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 industries of Section 607.0505, Florida Statutes. Pursuant to the provisions or registered agent, or be SIGNATURE can e of roughteract a per transfit title it applicable (NCFF) Figure tell Aspert signature required when reinstating-(12/95)12 OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DECETE ☐ Change ☐ Add tion RETTSTADT, RICHARD NAME 1.2 NAME CR2E034 2806 N.E.12TH ST. STREET ADDRESS 1.3 STHEET ADDRESS POMPANO BEACH FL 33062 CITY-ST-ZIP 1.4 CHY - ST - ZIP THLE []] DELFTE 2 1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 C-TY - ST. Z:P TITLE DELETE 3 1 7 17 1 5 Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-SF ZIP THILE DELETE 000001891**78**0: 4.1 T:1LE NAME -07/12/96--01012--051 4.2 NAME . ***225.00 STREET ADDRESS 4.3 STHEET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5 1 THILE Addition NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY - ST - ZIF 5.4 CITY - ST - ZIP DELETE TITLE 6 1 TITL€ ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CITY - \$1 - ZIP 14. If do hereby certify that the information supplied with this fling 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, open an attachment with an address

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GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: