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**

1996

DOCU 1. Corporatio	MENT # P95000	0042775 (3)			
,	FLOW COMMUNICATIONS I	NC.		 	#2/X/ #16/0 (16/) (03/) (04/) #2/X/ (4/)	
Principal Place	e of Business	Mailing Address				
1801 S. US HIGHWAY ONE #1 1801 S. US SUITE 13A SUITE 13A JUPITER FL 33477 JUPITER FL			ONE #1			
2 Principal P	lace of Business	20 11/2		06/01/1995	a. Date of Last Report	
21 460 Suite, Apt.	N.W. 6'N AVE	2a. Mailing Address 26 460 //	W. BIN AVE	65-0604237	Applied For Not Applicable	
22 Suite, Apr.	m, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State	A RATON	City & State	ATON	6. Election Campaign Financing Trust Fund Contribution	Fee Required \$5.00 May Be	
Zip	Country	Zip	Country	This corporation has liability for intangent in the second of the s	Added to Fees	
4 339	9. Name and Address of Current	29 3343 L Registered Agent	30	Florida Statutes Yes 2	No	
81 Name				CLAUAE HAYN		
CORPORATE CREATIONS ENTERPRISES INC. 4521 PGA BLVD. SUITE 211			82 Street Addr	82 Street Address (P.O. Box Number is Not Address at able)		
			760	83 460 N.W. 811 AVE		
	EACH GARDENS FL 33418					
	E TOTT GENERALITY I E SOFT		84 City 30	CA DATON	EI 85 Zip Code	
11. Pursuant t	to the provisions of Sections 607.0502 a	and 607.1508, Florida Statute	s, the above-named corpor	ration submits this statement for the purpose	of changing its registered office	
familiar wit	th, and accept the obligations of, Section	n 607.0505, Florida Statutes.	ed by the corporation's boar	ration submits this statement for the purpose rd of directors. I hereby accept the appointment	ent as registered agent. I am	
SIGNATURE _	y year	∀	_3//4/96			
12.	Signalure, typod or printed rate of registered agent at OFFICERS AND		E Register J Agent signature required 13.	d wher reinstating) D ADDITIONS/CHANGES TO OFFICERS	DATE	
TIFLE	D	DELETE	1. 1 TITLE	ADDITIONS OF ANGLE TO OFFICERS	Shange Addition	
NAME	HAYN, CLAUDE		1.2 NAME	a 50 A) 4-	<u> </u>	
STREET ADDRESS	% 1801 S. US HIGHWAY ONE	#1 SUITE 13A	1.3 STREET ADDRESS	160 N.W. 6 TH AVE BOLA PATON, IEL	ξ 	
CITY-ST-ZIP	JUPITER FL 33477		1.4 CITY-ST-ZIP	BOLA PLATON, IL	33 12 r	
TITLE NAME	D Benmoha, Jacky	☐ DEFELE	2. 1 TITLE	,	Change Addition	
STREET ADDRESS	% 1801 S. US HIGHWAY ONE	#1 SHITE 194	22 NAME	CA ACIN ATU AIRE		
CITY-ST-ZIP	HIDITCO EL 22477		23 STREET ADDRESS	30CA NATON FL 33432		
TITLE	D	☐ DELETE	3 1 TITLE	our juilli jet	Change Addition	
NAME	ICE, JEFF		3.2 NAME	_	Jacob Tradition	
STREET ADDRESS	% 1801 S. US HIGHWAY ONE	#1 SUITE 13A	33 STREET ADDRESS	60 N.W BTH AUE.		
CITY-ST-ZIP	JUPITER FL 33477		3.4 CITY-ST-ZIP	OCA PATON FL	33/37	
T:TLE NAME		☐ DELETE	4 1 TITLE	OCA PATON FL INFCTOR OHN BROALF 10 N.W. 6 TH AVE OCA PATON FC 3	Change Addition	
STREET ADDRESS			4 2 NAME	DAM BROALE		
DITY-ST-ZIP			4.3 STREET ADDRESS	CONVIOLATOR	3431	
ITLE		☐ DELETE	4.4 CHTY - ST - ZIP 5 1 TITLE	Julius 1-0 3	Change Addition	
AAME			5.2 NAME			
TREET ADDRESS			5.3 STREET ADDRESS			
ITY-ST-ZIP			5 4 CHTY - ST - ZIP			
ITLE		☐ DELETE	6 1 TITLE		Change Addition	
IAME TREET ADDRESS			6 2 NAME			
CITY - ST - ZIP			6 3 STREET ADDRESS		İ	
4. I do hereby	certify that the information supplied wit	n this filing is voluntarily furnis	64 CITY-ST-ZIP hed and does not qualify fo	r the exemption stated in Section 119.07(3)(k	ó Florida Statutes I further	
oath: that I		tion of the service and all the	arreport is true and accurat	e and that my signature shall have the same report as required by Chapter 607, Florida S		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/96 407-338-2414