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PROFIT
CORPORATION
ANNUAL REPORT •
1996



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

DOCUMENT # P95000046608 (2)

1. Corporation Name

COMMUNICATION SOLUTIONS OF SOUTH FLORIDA, INC.



Principal Place of Business

1266 S. MILITARY TRAIL #578
DERFIELD BEACH FL 33442

Mailing Address

1266 S. MILITARY TRAIL #578
DERFIELD BEACH FL 33442

3. Date Incorporated or Qualified

06/15/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 3195 N. Powerline Road

26 3195 N. Powerline Road

4. FFI Number

65-0589259

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite #108

27 Suite #108

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 Pompano Beach, FL

28 Pompano Beach, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 Zip 33069

Country USA

29 Zip 33069

30 Country USA

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

KESSLER, RAYMOND
1266 S. MILITARY TRAIL #578
DERFIELD BEACH FL 33442

81 Name
Kessler, Raymond

82 Street Address (P.O. Box Number is Not Acceptable)
3195 N. Powerline Road

83 Suite #108

84 City
Pompano Beach, FL

85 Zip Code
33069

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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, typed or printed name of registered agent (if not applicable)

Typed Registered Agent Signature (if not applicable)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME KESSLER, RAYMOND
STREET ADDRESS 1266 S. MILITARY TRAIL #578
CITY-ST-ZIP DERFIELD BEACH FL 33442

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 3195 N. Powerline Road, Suite #108
1.4 CITY-ST-ZIP Pompano Beach, FL 33069

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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

Raymond Kessler, President

4/30/96

Date

(954)969-7920

Office Phone #

CR2E034 (12/95)