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. Corporation BON	on Name		P950 COMMUNIC		06254 IS CORP.	l3 (O)				1 (80) 100 (810) (810) (811)	18) 18	11 86418 8 418		8)(8) 81888 (8)(1 8 0	
Principal Plac	o of Pusiness		· · · · · · · · · · · · · · · · · · ·							_						İ
Principal Place of Business 32 MUTINY PLACE KEY LARGO FL 33037					Mailing Address 32 MUTINY PLACE KEY LARGO FL 33037								• ••••	41032 1111 120	•	
										3.	Date Incorporated or Qualified 08/14/1995	За.	Date of	Last F	Report	_
2. Principal Place of Business					2a. Mailing Address					4. FEI Number				TT	Applied For	-
Sittle Act H ave					26				65-0606541			··· ·		Not Applicable	<u>-</u>	
Suite, Apt. #, etc. 22					Suite, Apt #, etc.				5.	Certificate of Status Desired	⋉	; \$		5 Additional Required		
City & State					City & State						Election Campaign Financing Trust Fund Contribution				May Be	_
Zip 24	Country 25				Zip			Country			This corporation has liability for intangible tax under s 199.032 Florida Statutes					-
	9. Name	and	Address of Cur	rent Reg	istered Agent					10.	Name and Address of New	Registe	ered Age	int		_
QEIE	EVAN D E	en.					81	l N	ame							
SEIF, EVAN D ESQ. 1320 SOUTH DIXIE HIIGHWAY									reet Addr	ess (P.	O. Box Number is Not Accepta	ble)			-	_
SUITE		El ·	22140				83	3								
CORAL GABLES FL 33146								84 City						1	p Code	-
11. Pursuant or register familiar wi	to the provisi red agent, or ith, and acce	ions o both pt the	of Sections 607.05 , in the State of Fl e obligations of, Se	502 and 6 orida Su ection 60	307.1508, Florid ich change was i7.0505, Florida	la Statutes, authorized Statutes	the above by the con	nam porat	ed corpor on's boar	ation si d of dii	ubmits this statement for the porectors. I hereby accept the app	rpose o pointme	of changir int as regi	ng its r istered	egistered office agent. I am	9
SIGNATURE			ed name of registrated ag				Eli-gistared Age									
12.	OFFICERS A				ND DIRECTORS			13.			ADDITIONS/CHANGES TO OF		AND DIE	RECTO	DRS IN 12	-
TITLE	D				DEL	ETE	1. 1 TITLE						CI		☐ Addition	-
NAME			BONNIE				1.2 NAME									
STREET ADDRESS 32 MUTINY PLACE CITY-ST-ZIP KEY LARGO FL 33037						1 3 STREET ADDRESS										
CITY-ST-ZIP TITLE	NETL	MIC	IU FL 33037	·	DF:	ETC	1.4 CHY-									
NAME						C I C	2 1 TITLE						☐ Cr	палде	Addition	
STREET ADDRESS						2.2 NAME 2.3 STREET ADDRESS										
CITY-ST-ZIP							2.4 CITY - 1		- 1							
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CITY-ST-ZIP	1						5 3 STREET		122							
TITLE	·				DELI	ETE	5 4 CITY - 5 6 1 TITLE	51-ZIP						2000	□ Addi.or	_
NAME						-	6.2 NAME						□ Ch	wilde	☐ Addition	
STREET ADDRESS	İ						63 STREFT	T ADDR	ess							
CHTY - ST - ZIP							6.4 CITY-S									
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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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changes or on an attachment with an address.

SIGNATURE: Jamus Leuben BONNIE REUBEN

3/24/96 305-853-1157