SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000064652 (7)

CAR-TELE SERVICES AND COMMUNICATIONS, INC. Principal Place of Business Mailing Address 100 RIALTO PLACE #755 100 RIALTO PLACE #755 MELBOURNE FL 32901 MELBOURNE FL 32901 3. Date Incorporated or Qualified 3a. Date of Last Report 08/22/1995 2a. Mailing Address 2. Principal Place of Business *59-337/84* 3 26 21 Suite, Apl. #, etc Suite, Apt #, etc 5. Certificate of Status Desired 27 22 City & Stale City & State 6. Election Campaign Financing Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032 Country Country Zip Zip 24

	25	29	30			Florida Statutes	Yes		
9. Na	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
	, KENNETH			81	Name				
100 RIALTO PLACE #755			82	Street Addre	ss (P.O. Box Number is	Not Acceptable)			
MELBOUR	RNE FL 32901			83					
				84	City			FL 85	Zip Code
		2 and 607 1509 Florida St	tatulos the at	V)//S	named cornor	ration submits this state	ment for the purpos	e of chanc	ing its registered

Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statules, 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. Thereby accept the appointment as registered
agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statules.

agentia	III garillia Miti, and docopt the congenions of				1
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE Re	gistered Agent signature	required when reinstating) DAN	
12.	OFFICERS AND DIRECTORS .		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D X	DELETE	1.1 TITLE	VD	Change Addition
NAME	NELSON, BRUCE	`	1.2 NAME	Timothy Allen Downer, 415 ATZ Rd MALABAR FL. 32940	1
STREET ADDRESS	1650 NORTH RIVERSIDE DRIVE		1 3 STREET ADDRESS	415 ATZ Rd	1
CiTY-ST-ZIP	INDIALANTIC FL 32951		1 4 CITY - ST - ZIP	MAIABAR FL. 32940	
TITLE	D	DELETE	2 1 TIFLE		Change Addition
NAME	KLYBERG, KENNETH T	1	2.2 NAME		Ì
STREET ADDRESS	4560 S. A1A		2 3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32951		2 4 CITY - ST - ZIP		
TiTLE		DELETE	31 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			34 CITY - ST - ZIP		
TITLE		DELETE	4 1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			43STREELADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETÉ	5 t TITLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY - ST - ZIP		T Charles T Address
TITLE		DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS	}		6.3 STREET ADDRESS		
CITY ST. 7IP			6 4 CITY - ST - ZIP		

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 officeror director of the corporation or the popular or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 13 if changed, or on an attact ment with an address.

SIGNATURE:

8-2-96 407-725-4824

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable