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Apr 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000073153 (5)

1. Corporation Name

COMMUNICATIONS PROVIDERS INC



Principal Place of Business

4101 N ANDREWS AVENUE
SUITE 208
FT LAUDERDALE FL 33309

Mailing Address

4101 N ANDREWS AVENUE
SUITE 208
FT LAUDERDALE FL 33309-4775

3. Date Incorporated or Qualified
09/19/1995

3a. Date of Last Report
05/10/1996

2. Principal Place of Business
21 4420F NE 20th Ave.

2a. Mailing Address
26 4420F NE20th Ave.

4. FEI Number
65-0610731

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State
23 Fort Lauderdale, Fl.

27 City & State
28 Fort Lauderdale, Fl.

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

24 33308

25 USA

Zip

Country

29 33308

30 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

BRADFORD, JAMES N JR
2100 WEST 76TH AVENUE
SUITE 211
HIALEAH FL 33016

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME SANDERS, ART
STREET ADDRESS 4101 N ANDREWS AVENUE, STE 208
CITY-ST-ZIP FT LAUDERDALE FL 33309 ☐ DELETE

1.1 TITLE P
1.2 NAME Sanders, Arthur F.
1.3 STREET ADDRESS 4420F NE 20th Ave.
1.4 CITY-ST-ZIP Fort Lauderdale, Fl. 33308 ☒ Change ☐ Addition

TITLE D
NAME RAHILL, THOMAS A
STREET ADDRESS 4101 N ANDREWS AVENUE, STE 208
CITY-ST-ZIP FT LAUDERDALE FL 33309 ☐ DELETE

2.1 TITLE D
2.2 NAME Rahill, Thomas A.
2.3 STREET ADDRESS 4420F NE 20th Ave.
2.4 CITY-ST-ZIP Fort Lauderdale, Fl. 33308 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

3/21/97

Date

Daytime Phone #

CR2E034 (9/96)