FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P95000077548 (2)**

1. Corporation Name
PROACTIVE COMMUNICATIONS, INC.

Principal Place of Business
7061 W. COMMERCIAL BLVD.
SUITE 5K
TAMARAC FL 33319

Mailing Address
7061 W. COMMERCIAL BLVD.
SUITE 5K
TAMARAC FL 33319

3. Date Incorporated or Qualified **10/06/1995**
3a. Date of Last Report

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
City & State 23
City & State 28
Zip 24 Country 25
Zip 29 Country 30

4. FEI Number 65-0617756 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
WEISSMAN, HAROLD E SQ
1776 PINE ISLAND RD.
SUITE 118
PLANTATION FL 33322

10. Name and Address of New Registered Agent
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, typed or printed name of registered agent, if not a corporate entity — Or, if Registered Agent is a corporation, signature required when executing — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SHIPP, LARRY	1.2 NAME	
STREET ADDRESS	7061 W. COMMERCIAL BLVD, #5K	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33319	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SHIPP, AMANDA J	2.2 NAME	
STREET ADDRESS	7061 W. COMMERCIAL BLVD, #5K	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33319	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BAKKER, CURTIS	3.2 NAME	
STREET ADDRESS	7061 W. COMMERCIAL BLVD, #5K	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33319	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

600001872456
-06/24/96--01019--023
***225.00

CR2E034 (12/95)

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)(x), 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: _____ 4/29/96 954-726-2468

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LARRY G. SHIPP DIRECTOR