FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 09 1997 8:00am

Secretary of State

Change

Addition

DOCUMENT # P95000088372 (4)

FLORIDA TELECOMMUNICATIONS AND RADIO SERVICES IN C.

Principal Plac		falling Address												
SUITE 4					-9090 +MY 92 WEST* -SUITE-4 WINTER HAVEN FL 3388T-9045-									
										3. Date Incorporated or Qualified 11/16/1995 3a. Date of Last Rep			Report	
2. Principal Place of Business 21 351 Cyress Gardens Blud					28. Mailing Address 26 /05 N. Gola Blvd					4. FEI Number - 59-3349672	59-3		A A	oplied For ot Applicable
Suite, Apt.				27	Suite, Apt. #, etc. No 4					5. Certificate of Stat	us Desired		• •	Additional equired
City & Sta 23 Wint		Haven	FL	28	City & State Orlando	FL	<u>.</u>			6. Election Campaig Trust Fund Contri	•		4	May Be to Fees
Zip 3 3	880	17.71	USA	29	3280/	30	ountry U	SA		8. This corporation Florida Statutes		Yes [□No	s. 199. 032 ,
		and Address	of Current	Regis	tered Agent		_ _	T		10. Name and Addre	ess of New Ro	gistered	Agent	
Caruso, Joseph M Jr 105 n Eòla Blyd No. 4 Orlando fl 32801							81 82			ss (P.O. Box Number i	s Not Accepta	ble)		
							83					· ··· · · · · · · · · · · · · · · · ·		
							84		•			FL	. 1 1 1	Code
office or agent. I a SIGNATURE		gent, or both, in vith, and accept documented name of								oration submits this stat in's board of directors. d when renstating)	I hereby acce	pt the app	oointment as	registered
12.			CERS AND			1	3 .			ADDITIONS/CHAN			DIRECTO	
TITLE	D - V	ice fres	ident.	Tre	A SAFET DELETE	1.	1 TITLE		Vic	e President -	Secreta	74	☐ Change	★ Addition
NAME		, JOSEPH M				1.	2 NAME		De	borah A E	posito			
STREET ADDRESS		OLA BLVD N	0.4			1.	3 STREE	i address	10	5 N Eola	Blud N	• 4		
CITY-ST-ZIP		O FL 32801					4 CITY-	ST-ZIP	01	lando FL	<i>3</i> 280	<u></u>	· · · · ·	
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NAME		O, JOSEPH N					2 NAME							
STREET ADDRESS		LMVIEW CIRC DALE FL 338						i address						
CITY-ST-ZIP	AUDUNIY	DALE FL 330	<u> </u>		DELETÉ		# CITY -	ST - ZIP					Change	Addition
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TITLE	1				DELETE		1 TITLE		 				Change	Addition

10. 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 eath; 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.

5.2 NAME

6.1 TITLE

6.2 NAME

DELFTE

5.3 STREET ADDRESS

5.4 CITY - \$1 - ZIP