

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 13, 1999 8:00 am**  
**Secretary of State**

09-13-1999 90001 041 \*\*\*550.00

DOCUMENT # **P95000091794**

Corporation Name

**GALACTICOMM TECHNOLOGIES, INC.**



Principal Place of Business  
31 SW 47 AVE  
SUITE 101  
LAUDERDALE FL 33314-4037

Mailing Address  
4101 SW 47 AVE  
SUITE 101  
FT LAUDERDALE FL 33314-4037  
US

DO NOT WRITE IN THIS SPACE

Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address 26 2500 Hollywood Blvd. Suite, Apt. #, etc. 27 212 City & State 28 Hollywood Zip 29 33020	3. Date Incorporated or Qualified 12/04/1995	4. FEI Number 65-0624223
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	Applied For <input type="checkbox"/> Not Applicable
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BERG, PETER  
4101 SW 47 AVENUE  
SUITE 101  
FT LAUDERDALE FL 33314

10. Name and Address of New Registered Agent

81 Name  
Joseph P. Klapholz, Esq.  
82 Street Address (P.O. Box Number is Not Acceptable)  
2500 Hollywood Boulevard, Suite 212  
83 Hollywood,  
84 City  
FL 85 Zip Code  
33020

Pursuant to the provisions of sections 607.002 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 and time (if applicable)  
Joseph P. Klapholz, Esq. DATE 9/7/99

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ET ADDRESS ST-ZIP	C BERG, PETER 4101 SW 47 AVE., SUITE 101 FT LAUDERDALE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS ST-ZIP	PD TESSIER, YANNICK 4101 SW 47 AVE., SUITE 101 FT LAUDERDALE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS ST-ZIP	D MAHONEY, TIMOTHY 4101 SW 47 AVE., SUITE 101 FT LAUDERDALE FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS ST-ZIP	D STENBECK, KLAUS 4101 SW 47 AVE., SUITE 101 FT LAUDERDALE FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS ST-ZIP	D MANOVICH, DAVID 4101 SW 47 AVE SUITE 101 FT LAUDERDALE FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS ST-ZIP	CFO LOVE, MICHAEL T 4101 SW 47 AVE SUITE 101 FT LAUDERDALE FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I 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.

GNATURE:

SIGNATURE REQUIRED

9/7/99

Daytime Phone #

CR2E034 (5/99)