FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham . . .

INNA	NNUAL REPORT Secretary of State 1996 Division of Corporations						
DOCU 1. Corporatio	MENT # P9500	00096391	(4)				
•	XCOMMUNICATIONS (CON	ISH H I ANKIR X DAIR X					
XX X	KKKAKA K K S KK IK KAMKA K K	S SOMKE X & SOME K & & S.					
TOTAL COMMUNICATIONS CO Principal Place of Business 3418 HANDY RD. SUITE 206 TAMPA FL 33618		Mailing Address 3418 HANDY RD. SUITE 206 TAMPA FL 33618				3. Date Incorporated or Qualified 3a. Date of Last Report	
						12/20/1995	
2. Principal P	lace of Business	2a. Mailing Addres	SS			4. 6.	lied For
Suite, Apt.	#, etc.	26 Suite, Apt. #, 27	etc.			5. Certificate of Status Desired Fee Req	
City & Stat	e	City & State				6. Election Campaign Financing \$5.00 N	Лау Ве
23 ⊋ip	Country	Zip Country				Trust Fund Contribution LJ Added to 8. This corporation has liability for intangible tax under s 199	
24 🛴	25	29	30	.		Florida Statutes Yes No	
	9. Name and Address of Cur	rent Registered Agent		81	T	10. Name and Address of New Registered Agent	
DUNGA	N, JAMES C			82	Name Street Add	fress (P.O. Box Number is Not Acceptable)	
	UNDY RD.			02	Street Aud	iress (F.O. Box Number is Not Acceptable)	
SUITE 2				83			
TAMPA	FL 33618			84	City	FL 85 Zip Co	
or registe	to the provisions of Sections 507.05 red agent, or both, in the State of Fifth, and accept the obligations of, Signature, typed or printed name of registered a	lorida. Such change was a lection 607,0505, Florida S	uthorized by the c tatutes.	corp	oration's boa	oration submits this statement for the purpose of changing its regis and of directors. I hereby accept the appointment as registered agr	itered office ant. I am
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12
TITLE	D D	☐ DELET				· Change	Addition
NAME	DUNCAN, JAMES C		1,2 N/				
STREET ADDRESS CITY-ST-ZIP	3418 HANDY RD. TAMPA FL 33618				ADDRESS ST- Z/P		
TITLE	D	□ DELET		******	21 - Zit.	Change	Addition
NAME	DUNCAN, DEBRAH	<u>_</u>	2 2 N			المالية	e
STREET ADDRESS	3418 HANDY RD.				ADDRESS		
CITY-ST-ZIP	TAMPA FL 33618		240				
TITLE	D	DELET	E 311	ilE		Change	Addition
NAME	MASON, ELLIOT		3 2 N	AME			
STREET ADDRESS	3418 HANDY RD.				T ADDRESS		
CITY-ST-7IP	TAMPA FL 33618	[_] DE(E)			ST - ZIP		T Addition
TITLE NAME		DEFE	E 4 11 42 N			Change	Addition
STREET ADDRESS					ADDRESS		
CITY-ST-7IP					ST-7FP	400001840024	
TITLE		DELE1			2	······································	Addition
NAME			52 N			***200.00	
STREET ADDRESS			535	REET	ADDRESS		
CITY-ST-7IP				TY-S	ST - ZIP		
TITLE		DELET	E 6.1T	ITLE		Change [Addition
NAME	1		6 2 N	SME			

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)(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 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 or on an attachment with an address.

6.4 CITY-ST-ZIP

6.3 STREFT ADDRESS

SIGNATURE: N

STREET ADDRESS

CITY-ST-ZIP

AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/36/96 (813)968-2754

CR2E034 (12/95)