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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 25 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000096391 (4)

TOTAL COMMUNICATIONS CONSULTANTS, INC.

Principal Place of Business Mailing Address \$418 HANDY RD. 3418 HANDY RD. SUITE 206 SUITE 208 TAMPA FL 33618-4603 TAMPA FL 33618 3. Date Incorporated or Qualified 3a. Date of Last Report 12/20/1995 05/01/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For APPLIED FOR Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Sulte, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intringible tax under s. 199.032, Florida Statutes Yes \(\begin{align*}\text{No}\\ \text{Yes}\\ \equiv \text{No}\\ \text{No}\\ \end{align*} Country Zip Country Zip Florida Statutes 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DUNCAN, JAMES C 3418 HANDY RD. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 206 83 **TAMPA FL 33618** 84 Zip Code City 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS Change Addition DELETE 11 TITLE TITLE DUNCAN, JAMES C 12 NAME NAME 3418 HANDY RD. STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33618** CITY-ST-ZIP 14 CITY - ST - ZIP Change Addition DELETE 2.1 TITLE TITLE DUNCAN, DEBRAH 2.2 NAME NAME 3418 HANDY RD. 2.3 STREET ADDRESS STREET ADDRESS **TAMPA FL 33618** 2 4 CITY - ST- 7IF CITY-ST-ZIP Change Addition DELETE TITLE 3.1 TITLE MASON, ELLIOT 3.2 NAME NAME 3418 HANDY RD. STREET ADDRESS 3.3 STREET ADDRESS **TAMPA FL 33618** 3.4. CITY - \$1 - ZIP CITY-ST-ZIP Addition Change DELFTE TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CHY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

64 CITY-ST-ZIP

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 a non 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 clock 13 tichanged, or on an attachment with an address.