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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham *

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000071066 (0)

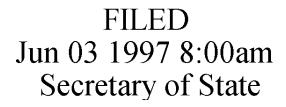
W.I.T. COMMUNICATIONS INC.

Principal Place of Business

Mailing Address

NOM DOUGLAS RD #212A

2050 DOUGLAS RD #212A





PEMBROKE PINES FL 33024		PEMBROKE PINES FL 3	PEMBROKE PINES FL 33024-3225					
					3. Date Incorporated or Qualified 08/23/1996	3a. Date	of Last R	eport
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number	Ì	Ar	oplied For
21		26			65-069008	<u> </u>		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #. etc.	⊢		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	}¬ ′		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip 29	Count	гу	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
771	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Re	gistered Ag	ent	
BAR	NES, GREGORY		8	1 Name				
2050 DOUGLAS RD #212A				82 Street Address (P.O. Box Number is Not Acceptable)				
PEM	BROKE PINES FL 33024		1	2 Olicot / it		,		
<u>.</u>	•		8	3				
• •	•			4 City			85 Zip	Code
					orporation submits this statement for the p	FL		
office or r agent. I a SIGNATURE	egistered agent, or both, in the S m familiar with, and accept the ol Signature, typed or printed name of registered	oligations of, Section 607.0505,	, Florida Statut	es. 	ration's board of directors. I hereby accep	DATE	ament as	registerea
:12,		AND DIRECTORS	13.	3	ADDITIONS/CHANGES TO OFFIC	ERS AND D	IRECTOR	3S IN 12
TITLE	D	DELETE	1.1 TITU	<u> </u>			Change	Addition
NAME	BARNES, GREGORY		1.2 NAM	E				
STREET ADDRESS	2050 DOUGLAS RD #212A		1.3 STRI	E1 ADDRESS				
CITY-ST-ZIP	PEMBROKE PINES FL 3302	4	. 1.4 C(TY	-ST-ZIP				
TITLE		DELFTE	21 1111				Change	Addition
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TITLE		☐ DELETE	41 TITL	1		L) Change	Addition
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TITLE		ן וונונונ	6.1 TITL			L.		
NAME			6.2 NAN					
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP			6.4 CITY	r-ST-ZiP				

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 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.