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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000091226 (6)

1. Corporation Name
ASPIRE COMMUNICATION SERVICES, INC.



Principal Place of Business
4401 VINELAND RD #A-3 (B)
ORLANDO FL 32817

Mailing Address
4401 VINELAND RD #A-3 (B)
ORLANDO FL 32811-7361

3. Date Incorporated or Qualified
11/04/1996

3a. Date of Last Report
N/A

2. Principal Place of Business
21 4401 VINELAND ROAD
Suite, Apt. #, etc.

22 SUITE A3-B
City & State

23 ORLANDO FL
Zip

24 32811

25 ORANGE
Country

26 4401 VINELAND ROAD
Suite, Apt. #, etc.

27 SUITE A3-B
City & State

28 ORLANDO FL
Zip

29 32811

30 ORANGE
Country

4. FEI Number
22-3454530

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KASSAR, MARK R
4401 VINELAND RD
ORLANDO FL 32817

10. Name and Address of New Registered Agent

81 Name KASSAR MARK R
82 Street Address (P.O. Box Number is Not Acceptable)
4401 VINELAND ROAD
83 ORLANDO
84 City ORLANDO FL 85 Zip Code 32811

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

M. KASSAR

4/23/97

12. OFFICERS AND DIRECTORS

TITLE D
NAME KASSAR, MARK
STREET ADDRESS 5238 SPRING RUN AVE
CITY-ST-ZIP ORLANDO FL 32819 ☐ DELETE

TITLE D
NAME KASSAR, NICOLA J
STREET ADDRESS 5238 SPRING RUN AVE
CITY-ST-ZIP ORLANDO FL 32819 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP NO CHANGE

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP NO CHANGE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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.

SIGNATURE:

M. KASSAR

4/23/97 4401-426-0530

CR2E034 (9/96)