

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

FILED  
May 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000102137 (2)

1. Corporation Name

HYBRID COMMUNICATIONS, INC.



Principal Place of Business  
129 S KENTUCKY AVE. SUITE 808  
LAKELAND FL 33801

Mailing Address  
P.O. BOX 90427  
LAKELAND FL 33804

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/17/1996

4. FEI Number  
65-0713355

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business  
21 1832 HARDEN BLVD  
Suite, Apt. #, etc.  
22  
City & State  
23 LAKELAND FL  
Zip  
24 33803 Country  
25 USA

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29 Country  
30

9. Name and Address of Current Registered Agent

BERTRAND, ROBERT J  
1 LAKE MORTON DR  
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1.1 TITLE	
NAME	HARMAN, RICHARD A JR	1.2 NAME	
STREET ADDRESS	129 S KENTUCKY AVE, SUITE 808	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33801	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	-SAME-
NAME	JOHNSON, LARRY M	2.2 NAME	-SAME-
STREET ADDRESS	10398 HETRICK CIRCLE	2.3 STREET ADDRESS	4 Poplar Lane
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	COVINGTON, LA. 70433
TITLE	VP	3.1 TITLE	
NAME	WIECINSKI, STANLEY	3.2 NAME	
STREET ADDRESS	21218 ONTAGA ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	FARMINGTON HILLS MI 48336	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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.

SIGNATURE: RICHARD A HARMAN JR 1/27/98 (941)

CR2E034 (10/97)