

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

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90052 013 \*\*\*150.00

0315720

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000068563

1. Corporation Name  
ESTELCO TRANSMISSIONS, INC.

Principal Place of Business

1821 S. STATE RD. 7  
FT. LAUDERDALE FL 33317

Mailing Address

1821 S. STATE RD. 7  
FT. LAUDERDALE FL 33317



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/07/1997

4. FEI Number

65-0774672

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 the current year Intangible

Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name BARRY HORENSTEIN / ESTELCO TRANSMISSIONS  
82 Street Address (P.O. Box Number is Not Acceptable)  
1821 S. STATE RD. 7  
83  
84 City FT. LAUDERDALE FL 85 Zip Code 33317

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 BARRY HORENSTEIN PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/99

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME HORENSTEIN, BARRY  
STREET ADDRESS 1821 S. STATE RD. 7  
CITY-ST-ZIP FT. LAUDERDALE FL 33317

TITLE VP  
NAME DYMOND-HORENSTEIN, JOAN  
STREET ADDRESS 1821 S STATE RD 7  
CITY-ST-ZIP FT LAUDERDALE FL 33317

TITLE S  
NAME SHERMAN, JONATHAN  
STREET ADDRESS 1821 S STATE RD 7  
CITY-ST-ZIP FT LAUDERDALE FL 33317

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

BARRY HORENSTEIN

Date

1/12/99

Daytime Phone #

(954) 584-5440

CR2E034 (11/98)