

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90030 009 ***150.00

DOCUMENT # P98000081862

1. Entity Name

FLORIDA TWO-WAY RADIO NETWORK, INC.



Principal Place of Business

8151 SE SKYLARK AVE
HOBE SOUND FL 33455

Mailing Address

P.O. BOX 586
HOBE SOUND FL 33475

2. Principal Place of Business

1472 SW HUNNICUT AVE
Suite, Apt. #, etc.

3. Mailing Address

PO Box 880278
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Port St Lucie, FL

City & State

Port St Lucie, FL

4. FEI Number

65-0937757

Applied For

Not Applicable

Zip

34953

Country

St Lucie

Zip

34988-0278

Country

St Lucie

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DECKERT, TIMOTHY M
C/O TIMOTHY M DECKERT
1850 FOREST HILL BLVD SUITE 204-A
WEST PALM BEACH FL 33406

7. Name and Address of New Registered Agent

Name: Warneka Robert
Street Address (P.O. Box Number is Not Acceptable):
1472 SW Hunnicut Ave
City: Port St Lucie FL Zip Code: 34953

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Robert Warneka Pres Robert Warneka

2-5-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: VD ☐ Delete
NAME: WARNEKA, ROBERT
STREET ADDRESS: 8403 SE WOODMERE STREET
CITY-ST-ZIP: HOBE SOUND FL 33455

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
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STREET ADDRESS:
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TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: DPST ☒ Change ☐ Addition
NAME: Warneka Robert
STREET ADDRESS: 1472 SW Hunnicut Ave
CITY-ST-ZIP: Port St Lucie, FL 34953

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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STREET ADDRESS:
CITY-ST-ZIP:

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert A Warneka Pres 2-5-04 772-873-6299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #