

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Martin
Secretary of State
Division of Corporate Affairs

APPROVED
AND
FILED

5-14-95 1 71 3147

RECEIVED
DEPARTMENT OF STATE
MAY 14 1995
TALLAHASSEE, FLORIDA

DOCUMENT # **S35859**

(5)

1. *Applicant Name*

WEBER COMMUNICATIONS, INC.

Present Place of Business

**531 VERSAILLES DR. #220
MAITLAND FL 32751-4301
US**

Mailing Address

**531 VERSAILLES DR. #220
MAITLAND FL 32751-4301
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

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Suite Apt. # 401

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City, State

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Country

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28. Mailing Address

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Suite Apt. # 401

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City & State

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9. Name and Address of Current Registered Agent

**WEBER, RICHARD S.
531 VERSAILLES DRIVE, #220
MAITLAND FL 32751**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

FL **85** Zip Code

11. Pursuant to the provisions of Sections 600.0802 and 600.1708, Florida Statutes, the above named corporation submits the 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 Sections 600.0805, Florida Statutes.

SIGNATURE

OFFICER'S SIGNATURE OR PRINTED NAME AND TITLE

RECEIVED AND APPROVED AS A COPY OF AN ANNUAL REPORT

5-14-95

12.	OFFICER AND DIRECTOR	13.	ADDITION/CHANGE TO OFFICERS AND DIRECTORS IF ANY
DP	NAME WEBER, RICHARD S. 531 VERSAILLES DRIVE 220 MAITLAND FL	14.001 14.002 14.003 ADD 001 14.004-14.006	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PR		14.007 14.008 14.009 ADD 003 14.010-14.012	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PA		14.013 14.014 14.015 ADD 005 14.016-14.018	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD		14.019 14.020 14.021 ADD 006 14.022-14.024	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PO		14.025 14.026 14.027 ADD 007 14.028-14.030	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PO		14.031 14.032 14.033 ADD 008 14.034-14.036	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PO		14.037 14.038 14.039 ADD 009 14.040-14.042	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PO		14.043 14.044 14.045 ADD 010 14.046-14.048	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PO		14.049 14.050 14.051 ADD 011 14.052-14.054	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PO		14.055 14.056 14.057 ADD 012 14.058-14.060	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I declare, under penalty of perjury, that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 100.17(3)(a), Florida Statutes. I further certify that the information indicated on the 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. I am an officer or director of the corporation or its trustee or trustee-in-bank appointed to execute the report as required by Chapter 600, Florida Statutes, and that my name appears in Block 1 or Block 2 of the annual report or supplemental annual report with all additions.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/25/95 407-6445586

REC'D

5-14-95

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