

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S85551** (7)

1. Corporation Name

**PRO-TEL COMMUNICATIONS OF FLORIDA, INC.**



Principal Place of Business

Mailing Address

**3304 OLDE WHARF RUN  
WINTER PARK FL 32792**

**3304 OLDE WHARF RUN  
WINTER PARK FL 32792**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**10/01/1991**

3a. Date of Last Report

**04/26/1995**

4. FEI Number

**59-3089952**

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. 193.032,  
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

**LEONE, JAMES R.  
251 MAITLAND AVE  
SUITE 217  
ALTAMONTE SPRINGS FL 32701**

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 the corporation

(Print) Registered Agent signature required with report

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE NAME STREET ADDRESS CITY-ST-ZIP

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SIGNATURE:

*Robert F. Hoffman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-96

407-895-7161

CR2E034 (12/95)