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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996 **DOCUMENT #** 

1. Corporation Name

S85551



PRO-TEL COMMUNICATIONS OF FLORIDA, INC.

Principal Place of Business Mairing Address								KAN KAN BURAN BURK			
3304 OLDE WHARF RUN WINTER PARK FL 32792			3304 OLDE WHARF RUN WINTER PARK FL 32792								
							3. Date Incorporated or Qualified				
2. Principal Place of Business			2a. Mailing Address 26				4. FEI Number		$\prod$	Applied For	
Suite, Apt. #, etc.			Suite, Apt #, etc				59-3089952		·	Not Applicable	
22			1				5. Certificate of Status Desired	□ <b>\$</b>		Additional	
City & State		27	Oty & State				6. Election Campaign Financing			Required	
23		28					6. Rection Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zιρ	Country		Ζφ	Cour	it y		8. This corporation has liability for i				
24	25	29	*** ,	30			Horida Statutes ☐ Yes <b>☑</b> No				
	9. Name and Address of Currer	nt Registe	ered Agent		T		10. Name and Address of New R	egistered Age	١t		
. =0=	111470 B				B1	Name					
LEONE, JAMES R. 251 MAITLAND AVE SUITE 217 ALTAMONTE SPRINGS FL 32701				Ī	82	Street Addre	ddress (P.O. Box Number is Not Acceptable)				
					83			171.1.8244			
				Ľ							
VP I VIIII	JITTE OFFIINGS PE 32/01			[1	84	City		FL 8	Zı	p Code	
familiar with	the provisions of Sections 607,0505 diagent, or both, in the State of Fiori and accept the obligations of, Sect	ad. Str. H	CHAINLES WAS ACTIONZ	ed by the co	e na Octo	amed corpora ration's board	ition submits this statement for the pur Lof directors. Thereby accopt the appo		 g its r stered	egistered office agent I and	
SIGNATURE	gravine. Assess or province many of registeries speci-	and the hap	pi stan ph	nii tay kida A	Lar.	sgrafor regimed	what he had die a.	DATE TO THE			
12.	OFFICERS AN	D DREGT	ORS	13.			ADDITIONS/CHANGES TO OFFI		LCTC	)RS (N 12	
TITLE	DP		☐ DELETE	1 1 111	L			Ct		Addition	
NAME	HOFFMAN, ROBERT F			L2 NAN	At						
STREET ADDRESS	3304 OLD WHARF RUN			1.3 STR	E IT A	ADDRESS					
CITY+S1-ZIP TITLE	WINTER PARK FL		FI DE CTC	14 0(1)		. ZIF					
NAME	st Hoffman, Robert F		☐ DECETE	2 1 1/11				☐ Cr	ange	☐ Addition	
STREET ADDRESS	3304 OLD WHARF RUN			2.2 NAA							
CiTY+ST-ZIP	WINTER PARK FL					ADDRESS TO					
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STREET ADDRESS						ADDRESS					
CITY - ST - ZIP				3.4.0119							
TITLE			Dilete	4 1 111	Lł			☐ Ch	ange	Addition	
NAME				4.2 NAM	AE					-	
STREET ADDRESS				4 3 STRI	FLTA	ODRESS :					
CITY - \$1 - ZIP				4.4 C·TY	<u>(- 51</u> -	- 7IP	· · · · · · · · · · · · · · · · · · ·				
TITLE			DELETE	5 7 T/TL	l [			☐ Cn	ange	Addition	
NAME OZOSSI AGODICOS				5.2 NAM							
STREET ADDRESS						DOPESS					
CITY-S1-ZIP TITLE			□ DELETT	5.4 CHTY		- ZIF					
NAME			DELETE.	6 1 1111				☐ Ch	ange	Addition	
STREET ADDRESS				6.2 NAM		SIDDLES				ļ	
CITY-ST-ZIP				6.3 STRE							
	certify that the information supplied of	with thus fil	ng is voluntarly fum	6.4 City ished and do	<u>: 51</u> 0∌\$	not qualify for	the exemption stated in Section 119.0	7(3)/k) Florida 9	Statuti	es I furtiner	

certify that the information indicated on this amount report or supplemental and does not quarry for the exemption stated in Section 119,07(3)(k). Florida Statutes. I further certify that the information indicated on this amount 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 emprovered 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 arguitachment with an address

SIGNATURE:

EÓ OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOF

4-12-96 407-895-7161