FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 21 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V02215 (4)

1. Corporation Name
PUBLIC FAX SYSTEMS, INC.

Principal Address
3675 JUSTISON RD.
COCONUT GRIVE FL 33133
US

Mailing Address
P O BOX 1575
COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/13/1991
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 65-0303848 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under Ch. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LISK, JOHN F.
3675 JUSTISON RD.
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☒ Addition
NAME	LISK, JOHN F.	12 NAME		
STREET ADDRESS	3675 JUSTISON RD.	13 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL	14 CITY-ST-ZIP	33133-6151	
TITLE	D	21 TITLE		☐ Change ☒ Addition
NAME	LISK, ANN W.	22 NAME		
STREET ADDRESS	3675 JUSTISON RD.	23 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL	24 CITY-ST-ZIP	33133-6151	
TITLE	D	31 TITLE	PRESIDENT / DIRECTOR	☒ Change ☒ Addition
NAME	LISE, KEN	32 NAME		
STREET ADDRESS	68 ROCKDALE AVE.	33 STREET ADDRESS		
CITY-ST-ZIP	NEW ROCHELLE NY	34 CITY-ST-ZIP	10801	
TITLE		41 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME		42 NAME	KIM L. O'BRIEN	
STREET ADDRESS		43 STREET ADDRESS	68 ROCHDALE AVENUE	
CITY-ST-ZIP		44 CITY-ST-ZIP	NEW ROCHELLE, NY 10801	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ JOHN F. LUSK, DIRECTOR 4-11-95 (305) 663-1070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0437608 FP