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 19 AM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V12345 (7)

1. Corporation Name
NATIONAL TELCOM MANAGEMENT, INC.

Principal Place of Business	Mailing Address
4801 S. UNIVERSITY DRIVE DAVIE FL 33328	4801 S. UNIVERSITY DRIVE DAVIE FL 33328

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/05/1992	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0324107	☐ 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. 199.032,* Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

SKLAR, ROBERT Z.
4801 S UNIVERSITY DR
SUITE 310
FORT LAUDERDALE FL 33328

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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	1.1 TITLE	DIRECTOR/PRESIDENT/S	☑ Change ☑ Addition
NAME	SKLAR, ROBERT Z.	1.2 NAME	SKLAR, ROBERT Z	
STREET ADDRESS	1524 N.W. 113TH WAY	1.3 STREET ADDRESS	1524 NW 113 WAY	
CITY-ST-ZIP	PEMBROKE PINES FL	1.4 CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	D	2.1 TITLE	D/V/T	☑ Change ☐ Addition
NAME	SKLAR, JOAN S.	2.2 NAME	SKLAR, JOAN S	
STREET ADDRESS	1524 N.W. 113TH WAY	2.3 STREET ADDRESS	1524 NW 113 WAY	
CITY-ST-ZIP	PEMBROKE PINES FL	2.4 CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE		3.1 TITLE	D/V	☐ Change ☑ Addition
NAME		3.2 NAME	ROBINSON, FORREST	
STREET ADDRESS		3.3 STREET ADDRESS	1100 S. LINCOLN	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	PARK RIDGE IL 60068	
TITLE		4.1 TITLE	D	☐ Change ☑ Addition
NAME		4.2 NAME	HOLMES, CARL	
STREET ADDRESS		4.3 STREET ADDRESS	724 N. AVENUE	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	CORONADO CA 92118	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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 added on an attachment with an address.

SIGNATURE: Robert Sklar 4/19/95 305-731-8224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0230765 CP