

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 CORPORATIONS

**APPROVED
AND
FILED**

95 APR 19 AM 11:39

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

DOCUMENT # V12345 (7)

1. Corporation Name

NATIONAL TELCOM MANAGEMENT, INC.

2. Principal Place of Business

4801 S. UNIVERSITY DRIVE
DAVIE FL 33328

Mailing Address

4801 S. UNIVERSITY DRIVE
DAVIE FL 33328

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 County

29 County

30

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when revising)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	SKLAR, ROBERT Z.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKLAR, ROBERT Z.	1.2 NAME	SKLAR, ROBERT Z.	<input type="checkbox"/>
STREET ADDRESS	1524 N.W. 113TH WAY	1.3 STREET ADDRESS	1524 NW 113 WAY	<input type="checkbox"/>
CITY-ST-ZIP	PEMBROKE PINES FL	1.4 CITY-ST-ZIP	PEMBROKE PINES FL 33026	<input type="checkbox"/>
TITLE	D	2.1 TITLE	SKLAR, JOAN S.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKLAR, JOAN S.	2.2 NAME	SKLAR, JOAN S.	<input type="checkbox"/>
STREET ADDRESS	1524 N.W. 113TH WAY	2.3 STREET ADDRESS	1524 NW 113 WAY	<input type="checkbox"/>
CITY-ST-ZIP	PEMBROKE PINES FL	2.4 CITY-ST-ZIP	PEMBROKE PINES FL 33026	<input type="checkbox"/>
TITLE		3.1 TITLE	ROBINSON, FORREST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	ROBINSON, FORREST	<input type="checkbox"/>
STREET ADDRESS		3.3 STREET ADDRESS	1100 S. LINCOLN	<input type="checkbox"/>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	PARK RIDGE IL 60066	<input type="checkbox"/>
TITLE		4.1 TITLE	HAWKES, DALE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	HAWKES, DALE	<input type="checkbox"/>
STREET ADDRESS		4.3 STREET ADDRESS	724 N. AVENUE	<input type="checkbox"/>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	CORONADO CA 92118	<input type="checkbox"/>
TITLE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME		<input type="checkbox"/>
STREET ADDRESS		5.3 STREET ADDRESS		<input type="checkbox"/>
CITY-ST-ZIP		5.4 CITY-ST-ZIP		<input type="checkbox"/>
TITLE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME		<input type="checkbox"/>
STREET ADDRESS		6.3 STREET ADDRESS		<input type="checkbox"/>
CITY-ST-ZIP		6.4 CITY-ST-ZIP		<input type="checkbox"/>

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 110.07(3)(k), 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, with an attachment with an addendum.

SIGNATURE: *Robert Z. Sklar*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/95

305-431-8224

Date

Florida Office #