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 MAR 15 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V57931 (0)

1. Corporation Name
TELECOMMERCIALS, INC.

400001432154
-03/16/95--01099--020
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
6289 WEST SUNRISE BLVD SUITE 272 SUNRISE FL 33313	6289 W. SUNRISE BLVD SUITE 272 SUNRISE FL 33313 US

3. Date Incorporated or Qualified: 08/12/1992
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business
21 1791 Blount Road
Suite, Apt. #, etc.
22 712
City & State
23 Pompano Beach fl
Zip 24 33069 Country 25 USA

2a. Mailing Address
26 1791 Blount Road
Suite, Apt. #, etc.
27 712
City & State
28 Pompano Beach fl
Zip 29 33069 Country 30 USA

4. FEI Number: 65-0351508 ☐ 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

9. Name and Address of Current Registered Agent

WATSON, DAVID M
6289 W. SUNRISE BLVD
SUITE 272
FT. LAUDERDALE FL 33313

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1791 Blount Road Ste 712
83
84 City Pompano Beach FL 85 Zip Code 33069

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	P	11 TITLE	☑ Change ☐ Addition
NAME	WATSON, DAVID M	12 NAME	
STREET ADDRESS	~~2306 CYPRESS BEND DRIVE, S. 701~~	13 STREET ADDRESS	1791 Blount Road Ste 712
CITY-ST-ZIP	~~POMPANO BEACH FL~~	14 CITY-ST-ZIP	Pompano Beach fl 33069
TITLE	VP	21 TITLE	☑ Change ☐ Addition
NAME	WATSON, MARK A	22 NAME	
STREET ADDRESS	~~3116 OAKLAND SHORES DRIVE, E. 202~~	23 STREET ADDRESS	1791 Blount Road Ste 712
CITY-ST-ZIP	~~FT. LAUDERDALE FL~~	24 CITY-ST-ZIP	Pompano Beach fl 33069
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
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	C/H

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 (*) next to it.

SIGNATURE: _____ 3-1-95 305.969.1623
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Telephone Number

022800 CP