

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90160 025 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V62590

1. Corporation Name

COMMUNICATION SCIENCES OF SOUTH FLORIDA, INC.

Principal Place of Business

7900 S.W. 24 STREET
SUITE 102
DAVIE FL 33324

Mailing Address

7900 S.W. 24 STREET
SUITE 102
DAVIE FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1992

4. FEI Number

65-0357495

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 **8403 NW 8TH PL**

26 **P.O. BOX 15571**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **PLANTATION, FL**

27 **PLANTATION, FL**

23 **PLANTATION, FL**

28 **PLANTATION, FL**

24 **33324** 25 **USA**

29 **33324** 30 **USA**

9. Name and Address of Current Registered Agent

KATZ, ALLEN
7900 S.W. 24 STREET
SUITE 209
DAVIE FL 33324

10. Name and Address of New Registered Agent

81 Name **ALLEN KATZ**
82 Street Address (P.O. Box Number is Not Acceptable) **8403 NW 8TH PL**
83 **PLANTATION** FL 85 Zip Code **33324**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	KATZ, ALLEN	
STREET ADDRESS	7900 SW 24 ST., #102	
CITY-ST-ZIP	DAVIE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	KATZ, ANNETTE	
STREET ADDRESS	7900 SW 24TH, STE 102	
CITY-ST-ZIP	DAVIE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	8403 NW 8TH PL
1.4 CITY-ST-ZIP	PLANTATION, FL 33324
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	8403 NW 8TH PL
2.4 CITY-ST-ZIP	PLANTATION, FL 33324
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 **954-472-5107**
Date Daytime Phone #

CR2E034 (11/98)