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Feb 03 1997 8:00am
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # F95000001590 (7)

1. Corporation Name
ELEC-TEL SUPPLY COMPANY



Principal Place of Business: 863 WHITE CIR CT, MARIETTA GA 30080 US
Mailing Address: 20 N. ORANGE AVENUE, SUITE 200, ORLANDO FL 32801-4804

3. Date Incorporated or Qualified: 04/03/1995
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-3305237
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: [X] Yes [] No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MCKINSTRY, LEE	
STREET ADDRESS	863 WHITE CIRCLE COURT	
CITY-ST-ZIP	MARIETTA GA 30080	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HALL, A. STEWART JR	
STREET ADDRESS	20 N. ORANGE AVENUE, SUITE 200	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BLACKFORD, ROBERT N ESQ	
STREET ADDRESS	TWO S. ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ZEPF, J. STEPHEN	
STREET ADDRESS	20 N. ORANGE AVENUE, SUITE 200	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HUGHES, DAVID H	
STREET ADDRESS	20 N. ORANGE AVENUE, SUITE 200	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	CLARK, JAY MS	
STREET ADDRESS	20 N. ORANGE AVENUE, SUITE 200	
CITY-ST-ZIP	ORLANDO FL 32801	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DAVID H HUGHES	
1.3 STREET ADDRESS	20 N ORANGE AVE STE 200	
1.4 CITY-ST-ZIP	ORLANDO FL 32801	
2.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	A STEWART HALL JR	
2.3 STREET ADDRESS	20 N ORANGE AVE STE 200	
2.4 CITY-ST-ZIP	ORLANDO FL 32801	
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	S/AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JAY CLARK	
4.3 STREET ADDRESS	20 N ORANGE AVE STE 200	
4.4 CITY-ST-ZIP	ORLANDO FL 32801	
5.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BENJAMIN P BUTTERFIELD	
5.3 STREET ADDRESS	20 N ORANGE AVE STE 200	
5.4 CITY-ST-ZIP	ORLANDO FL 32801	
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 do 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 unchanged, or on an attachment with an address.

SIGNATURE: Jay Clark JAY CLARK 1/14/97 407-841-4755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)