

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

DOCUMENT # K11341 (0)

95 JUN 13 AM 10:37

1. Corporation Name
TELECOM SOLUTIONS, INC.

Principal Place of Business
**333 FALKENBURG RD.
S-8-208
TAMPA FL 33619**

Mailing Address
**333 FALKENBURG RD.
S-8-208
TAMPA FL 33619**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/06/1988	3a. Date of Last Report 03/30/1994
4. FEI Number 59-2941665	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 117 NORTH KINGS AVE	2a. Mailing Address 26 117 NORTH KINGS AVE
22 SUITE C	27 SUITE C
23 BRANDON, FL	28 BRANDON, FL
24 33510 25 Hills.	29 33510 30 Fl. / Ills

9. Name and Address of Current Registered Agent STODDARD, RALPH C 915 OAKFIELD DRIVE, SUITE F BRANDON FL 33511	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code
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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 or agent in charge) (DATE Registered Agent signature required when translating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	NAME TOY, RONALD W.	1.1 TITLE P	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 333 FALKENBURG RD.S-8208	CITY ST ZIP TAMPA FL	1.2 NAME TOY, RONALD W.	
		1.3 STREET ADDRESS 117 NORTH KINGS AVE, SUITE C	
		1.4 CITY ST ZIP BRANDON, FL 33510	
TITLE VP	NAME BOS, GLENDA D.	2.1 TITLE VP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 333 FALKENBURG RD.S-8208	CITY ST ZIP TAMPA FL	2.2 NAME TOY, MARTHA J.	
		2.3 STREET ADDRESS 117 NORTH KINGS AVE, SUITE C	
		2.4 CITY ST ZIP BRANDON, FL 33510	
TITLE	NAME	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	CITY ST ZIP	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY ST ZIP	
TITLE	NAME	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	CITY ST ZIP	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY ST ZIP	
TITLE	NAME	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	CITY ST ZIP	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY ST ZIP	
TITLE	NAME	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	CITY ST ZIP	6.2 NAME	
		6.3 STREET ADDRESS	
		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)(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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ronald W. Toy **6-7-95 (813) 684-3585**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date

CR2E034 (3/95)