

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K11341 (0)**

1. Corporation Name
TELECOM SOLUTIONS, INC.



Principal Place of Business

117 NORTH KINGS AVE
 SUITE C
 BRANDON FL 33510
 US

Mailing Address

117 NORTH KINGS AVE
 SUITE C
 BRANDON FL 33510
 US

3. Date Incorporated or Qualified 01/06/1988	3a. Date of Last Report 06/12/1995
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 **333 Falkenburg Rd.**

Site, Apt. #, etc.

22 **SUITE E-503**

City & State

23 **TAMPA FL**

24 **33619**

25 **USA**

2a. Mailing Address

26 **333 Falkenburg Rd**

Site, Apt. #, etc.

27 **SUITE E-503**

City & State

28 **TAMPA FL**

29 **33619**

30 **USA**

9. Name and Address of Current Registered Agent

**STODDARD, RALPH C
 915 OAKFIELD DRIVE, SUITE F
 BRANDON FL 33511**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0002 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 Sections 607.0504, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P	<input type="checkbox"/>
NAME	TOY, RONALD W.	
STREET ADDRESS	117 NORTH KINGS AVE, SUITE C	
CITY- ST- ZIP	BRANDON FL	
TITLE	VP	<input type="checkbox"/>
NAME	TOY, MARTHA J	
STREET ADDRESS	117 NORTH KINGS AVE, SUITE C	
CITY- ST- ZIP	BRANDON FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN '92		Change	Addition
1. TITLE	P	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. NAME	TOY, RONALD W.		
3. STREET ADDRESS	333 FALKENBURG RD, SUITE E-503		
4. CITY- ST- ZIP	TAMPA, FL 33619		
5. TITLE	VP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. NAME	TOY, MARTHA J.		
7. STREET ADDRESS	333 FALKENBURG RD, SUITE E-503		
8. CITY- ST- ZIP	TAMPA, FL 33619		
9. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
10. NAME			
11. STREET ADDRESS			
12. CITY- ST- ZIP			
13. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
14. NAME			
15. STREET ADDRESS			
16. CITY- ST- ZIP			
17. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
18. NAME			
19. STREET ADDRESS			
20. 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 supplementary 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 resident or licensed employee to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if it applies. I do not change it with an address.

SIGNATURE: *Ronald W. Toy* **RONALD W. TOY, PRESIDENT** **4/8/96** **(813) 684-3585**

CR2E034 (12/95)