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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K11341

(0)

TELECOM SOLUTIONS, INC.

					I MARIONI DEL URBI MODE TRUT BIRBE INDI BURK ERBA DIGU ANFIL BURU BIRI IDA	
Principal Place of Business Mailing Address						
333 FALKENBU	RG ROAD	333 FALKENBURG ROAI				
SUITE F-503		SUITE E-503	SUITE E-503			
TAMPA FL 3361 US	19	TAMPA FL 33619-7893 US				
03					3. Date Incorporated or Qualified 01/06/1988 3a. Date of Last Report 04/24/1996	
· · · · · · · · · · · · · · · · · · ·	lace of Business	2a. Mailing Address	<del></del>		4. FEI Number Applied For	
Suite Apt	# zite	26		······································	<b>59-2941665</b> Not Applicable	
22		27	27		5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State  23	0	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zipi	Country	Zip	Coun	lry	8. This corporation has liability for intangible tax under s. 199.032,	
24	25	29	30		Florida Statutes X Yes No	
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Registered Agent	
TOY,	, ronald w		8	Name	3	
	falkenburg RD. 'e e-503		E	2 Street	t Address (P.O. Box Number is Not Acceptable)	
	PA FL 33619		83			
			6	14 City	85 Zip Code	
					FL I I	
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	<b>.</b>					
12.	Signature, typical or printed name of registeric	AND DIRECTORS	13.	Agent signaturi	re required when reinstaling)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	DELETE	1.1 111		Change Addition	
NAME	TOY, RONALD W.		1.2 NAM		E. Priadd W.	
STREET ADDRESS	333 FALKENBURG ROAD S	JITE F-503	i i	ET ADDRESS	TOY RONALD W. ROAD SAITE E-503	
CITY-ST ZIP	TAMOA FL		l l	-ST-ZIP	TAMOA FL 33619	
TITLE	VP	DELETE	2.1 1110		Change Addition	
NAM <del>I</del>	TOY, MARTHA J		2.2 NAM		TO MARTHA J.	
STREET ADDRESS	333 FALKENBURG ROAD S	JIT EE-503	I	ET ADDRESS	TOY, MARTHA J. BOAD SUITE E-503	
City - St - ZIP	TAMPA FL			r-ST-ZIP	Tampa, FL 33619	
THLE	M.174	☐ DELETE	3 1 TITL		Change Addition	
NAME			3.2 NAM	E	_	
STREET ADDRESS			3.3 STR	ET ADDRESS		
City - St - ZiP				r-St-Zip		
TITLE		DELETE	4.1 TITU		Change Addition	
N4ME			4. 2 NAM	AE.		
STREET ADDRESS			4.3 STRE	ET ADDRESS		
Crty - St - ZiP			4.4 CITY	- S1 - ZIP		
THLE	The second secon	DELETE	5.1 THL		Change Addition	
NAME:			5.2 NAM	E		
STREET ADDRESS			5.3 STRE	ET ADDRESS		
C(TY+S1+Z)P			5.4 CITY	-ST-ZIP		
31116		☐ DELETE	6.1 TITL		Change Addition	
NAMÉ			6.2 NAM	E		
STREET ADDRESS			6.3 STRE	ET ADDRESS		
CHY+S1+202			6.4 CITY	-ST-ZIP		
14. I do heret	by certify that the information supp	ied with this filing does not qu	alify for the e	remotion s	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 Larn 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						

SIGNATURE:

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

PONTIA WE Troy PRESIDENT 2/19/97 (BI3)684-3585

**FILED** 

Mar 03 1997 8:00am

Secretary of State