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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

L02438

(4)

1. Corporation	MENT # LO243 TEL INTERNATIONAL, INC	` '								
Principal Place of Business 3850 68TH AVE. NO. PINELLAS PARK FL 34665		Mailing Address 3850 68TH AVE, NO. PINELLAS PARK FL 34665				L HABILULII BIR SOLID XABILI XILEBU XA		# 01011 # 1	III DIAH DIDII IBH	
						3	3. Date incorporated or Qualified 07/17/1989	3a. Date	of Last 2/14/1	
2. Principal Pla 21	ice of Business	2a. Mailing Address 26			4	4. FEI Number 59-2963064			Applied For Not Applicable	
Suite, Apt. #	f, etc	Suite, Apt. #, etc.					5. Certificate of Status Desired			75 Additional e Required
City & State		City & State				E	6. Election Campaign Financing Trust Fund Contribution			00 May Be
7ιρ 24	Country 25	Zip Country 29 30				This corporation has liability for intangible tax under s 199.032, Florida Statutes				
	Name and Address of Curr	ent Registered Agent	·			10	0. Name and Address of New I	Registered	Agent	
				81	Name					
HICKS, DAVID C.			ŀ	82	Street Address (P.O. Box Number is Not Acceptable)					
1353 87TH AVE. NO. ST. PETERSBURG FL 33702				83						
OI. FEII	ENODUNG FL 33/02		l	03						
			ĺ	84	City			FL	85	Zip Code
SIGNATURE	o the provisions of Sections 607.05 of agent, or both, in the State of Flo n, and accept the obligations of, Se signature types or product registered ag	ction 607.0505, Florida Statutes.			named corp oration's bo		n reinstat ngi	DATE		
12.	OFFICERS A	ND DIRECTORS	13.				ADDITIONS/CHANGES TO OFF			
IIItE	LIIONO DAMBO O	☐ DELETE	1. 1 Ti	TLE			Change Addition			e 🔲 Addition
NAME ENGLI ADDODESS	HICKS, DAVID C. 1353 87TH AVE. NO.		1.2 NA							
STREET ADDRESS	ST. PETERSBURG FL				ADDRESS					
CITY ST ZIP	ST	T DELETE			iT - ZIP			Г	1 Change	e
NAME	HICKS, LINDA L.	<u></u>		2 1 TITLE 2 2 NAME				L	U	
STREET ADDRESS	1353-87TH AVE. NO.				ADDRESS					
C(11) - S' - 7(P)	ST. PETERSBURG	JRG			IF · ZIP					
100		☐ DELETE	3. 1 1)	TLE] Changi	e 🔲 Addition
NAME			3 2 NA	Mξ						
STREET ADDRESS					F ADDRESS					
C IY-ST-ZP		Fil bei ète	3.4 CIT		T-ZIP				3 01	
TIFLE	DELETE		4. 1 TI] Chang	e 🔲 Addition
NAME STREET ADDRESS			4.2 NA		*D00000					
CITY ST-ZP					ADDRESS					
TIME		☐ DELETE	4.4 CIT 5. 1 TI		i - ZIF			Г	7 Change	e 🔲 Addition
NAME		<u></u>	5.1 NA					_	_, cg.	

6 4 CITY - ST - ZIP 14. Lo 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

5 3 STREET ADDRESS

6 3 STREET ADDRESS

5.4 CITY - ST - ZIP

6 1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

C 1Y-S1-ZP

THE

MAMP

Hicke-PRESIDENT

DELETE

(8/3)522-0644

☐ Change

☐ Addition