

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L60852 (5)**

1. Corporation Name
TELE-FLEX SYSTEMS, INC.



Principal Place of Business: **2101 CORPORATE BLVD., SUITE 214 BOCA RATON FL 33431**
Mailing Address: **2101 CORPORATE BLVD., SUITE 214 BOCA RATON FL 33431**

3. Date Incorporated or Qualified: **03/23/1990**
3a. Date of Last Report: **06/14/1995**

2. Principal Place of Business
21 **6421 Congress Ave**
Suite, Apt. #, etc. **Suite 105**
City & State **Boca Raton FL**
Zip **33487** Country **Palm Bch**
22 **Suite 105**
City & State **Boca Raton FL**
23 **Boca Raton FL**
24 **33487** 25 **Palm Bch** 26 **6421 Congress Ave**
Suite, Apt. #, etc. **Suite 105**
City & State **Boca Raton FL**
27 **Suite 105**
City & State **Boca Raton FL**
28 **Boca Raton FL**
29 **33487** 30 **Palm Bch**

4. FEI Number: **65-0190335**
Applied For: Not Applicable
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: Yes No

9. Name and Address of Current Registered Agent
OSTROWER, DAVID MITCHELL
2101 CORPORATE BOULEVARD
SUITE 214
BOCA RATON FL 33431
6421 Congress Ave
Suite 105
Boca Raton, FL 33487

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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: *David M. Ostrower* **David M. Ostrower** DATE: **4/10/96**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	OSTROWER, DAVID M	
STREET ADDRESS	2101 CORPORATE BLVD #214	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	OSTROWER, DAVID M	
STREET ADDRESS	2101 CORPORATE BLVD #214	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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

SIGNATURE: *David M. Ostrower* **David M. Ostrower** DATE: **4/10/96** 407-999-9356

CR2E034 (12/95)