

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

FILED

**Feb 07 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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: **6421 CONGRESS AVE 105 BOCA RATON FL 33487 US**
Mailing Address: **6421 CONGRESS AVE 105 BOCA RATON FL 33487-2858 US**

3. Date Incorporated or Qualified: **03/23/1990**
3a. Date of Last Report: **04/16/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 7601 N. Federal Hwy.	26 7601 N. Federal Hwy.	65-0190335	Not Applicable
22 Suite 245A	27 Suite 245A	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 Boca Raton FL	28 Boca Raton FL	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 33487 25 USA	29 33487 30 USA	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
OSTROWER, DAVID MITCHELL 2101 CORPORATE BOULEVARD SUITE 214 BOCA RATON FL 33431		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	7601 N. Federal Hwy.
		83	Suite 245A
		84 City	Boca Raton FL
		85 Zip Code	33487

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: **1/29/97**
(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSTROWER, DAVID M	1.2 NAME	
STREET ADDRESS	2101 CORPORATE BLVD #214	1.3 STREET ADDRESS	7601 N Federal Hwy Suite 245A
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Boca Raton FL 33487
TITLE	VT <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSTROWER, DAVID M	2.2 NAME	
STREET ADDRESS	2101 CORPORATE BLVD #214	2.3 STREET ADDRESS	7601 N. Federal Hwy Suite 245A
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	Boca Raton FL 33487
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption 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 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 in an attachment with an address.

SIGNATURE: **[Signature]** DATE: **1/29/97** DAYTIME PHONE: **561-998-9356**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)