

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED  
Jul 02 1996 8:00 am  
Secretary of State

DOCUMENT # P18316 (0)

1. Corporation Name  
**TELADO PTY. LIMITED INCORPORATED**



Principal Place of Business: LEVEL 2, 2 GROSVENOR STREET, BONDI JUNCTION, AUSTRALIA 2022  
Mailing Address: P.O. BOX 177, BONDI JUNCTION, AUSTRALIA 2022

3. Date Incorporated or Qualified: 03/07/1988  
3a. Date of Last Report: 04/25/1995  
4. FEI Number: 65-0063382  
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

2. Principal Place of Business: 21  
Suite, Apt #, etc: 22  
City & State: 23  
Zip: 24  
Country: 25  
2a. Mailing Address: 26  
Suite, Apt #, etc: 27  
City & State: 28  
Zip: 29  
Country: 30

9. Name and Address of Current Registered Agent: STEGE, WILLIAM L., ESQUIRE, 3350 E. ATLANTIC BLVD., POMPANO BCH FL 33062

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when terminating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOMBS, CONSTANTINE	12 NAME	
STREET ADDRESS	10/80 DARLING POINT RD.	13 STREET ADDRESS	
CITY-ST-ZIP	DARLING PT. AUSTRALIA NSW 2027	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOMBS, PETER C.	22 NAME	
STREET ADDRESS	15 QUEENS AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	VAUCLUSE, AUSTRALIA NSW 2030	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOMBS, HELENE	32 NAME	
STREET ADDRESS	15 QUEENS AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	VAUCLUSE, AUSTRALIA NSW 2030	34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 in 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: PETER C. COOMBS 6/19/96 (02) 3896111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)