

**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

DOCUMENT # **P18779 (9)**

1. Corporation Name
SYNTELLECT INC.



Principal Place of Business Mailing Address
15810 N 28TH AVE PHOENIX AZ 85023 **15810 N 28TH AVE PHOENIX AZ 85023**

3. Date Incorporated or Qualified **04/11/1988** 3a. Date of Last Report **06/21/1995**

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

4. FEI Number **86-0486871** 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
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.1508, 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's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MAYER, THOMAS R.	
STREET ADDRESS	24350 N. WHISPERING RIDGE WAY #48	
CITY-ST-ZIP	SCOTTSDALE AZ	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SOBOLEWSKI, GARY	
STREET ADDRESS	4804 ADRIAN WAY	
CITY-ST-ZIP	PLANO TX	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COLEMAN, SCOTT	
STREET ADDRESS	8710 N 80TH PLACE	
CITY-ST-ZIP	SCOTTSDALE AZ	
TITLE	TS	<input checked="" type="checkbox"/> DELETE
NAME	PROUD, THOMAS M	
STREET ADDRESS	8255 E CAPTAIN DREYFUS AVE	
CITY-ST-ZIP	SCOTTSDALE AZ	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	PRATT, KENNETH	
STREET ADDRESS	5928 E WINDROSE DRIVE	
CITY-ST-ZIP	SCOTTSDALE AZ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	STEVE G. NUSSRALLAH	
13 STREET ADDRESS	605 BUTTERCUP TRACE	
14 CITY-ST-ZIP	ALPHARETTA, GA 30202	
21 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	DAVID C. PHILLIPS	
23 STREET ADDRESS	10560 TIMBERSTONE ROAD	
24 CITY-ST-ZIP	ALPHARETTA, GA 30202	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	V/T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	NEAL L. MILLER	
43 STREET ADDRESS	120 GEORGIAN MANOR COURT	
44 CITY-ST-ZIP	ALPHARETTA, GA 30202	
51 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	LINDSAY L. HOOPES	
53 STREET ADDRESS	31310 W GRISWOLD	
54 CITY-ST-ZIP	PHOENIX AZ 85051	
61 TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	J. LAWRENCE BRADNER	
63 STREET ADDRESS	210 HEPPLEWHITE DRIVE	
64 CITY-ST-ZIP	ALPHARETTA, GA 30202	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lindsay L. Hoopes 7-25-96 <602>789-2752
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)