


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

FILED
Jul 15 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 # P18779 (9)

1. Corporation Name
SYNTELLECT INC.



Principal Place of Business 15810 N 28TH AVE PHOENIX AZ 85023	Mailing Address 15810 N 28TH AVE PHOENIX AZ 85023-4021
--	---

3. Date Incorporated or Qualified 04/11/1988	3a. Date of Last Report 08/08/1996
--	--

21. Principal Place of Business 20401 N. 29TH AVE	22. Suite, Apt. #, etc.	2a. Mailing Address 20401 N. 29TH AVE	2b. Suite, Apt. #, etc.
23. City & State PHOENIX AZ	24. Zip 85027	27. City & State PHOENIX AZ	28. Zip 85027
25. Country USA	29. Country USA	30. Country USA	

4. FEI Number 86-0486871	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. 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

**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	85 Zip Code
			FL	

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	NUSSRALLAH, STEVE	
STREET ADDRESS	605 BUTTERCUP TRACE	
CITY-ST-ZIP	ALPHARETTA GA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PHILLIPS, DAVID C	
STREET ADDRESS	10560 TIMBERSTONE ROAD	
CITY-ST-ZIP	ALPHARETTA GA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COLEMAN, SCOTT	
STREET ADDRESS	8710 N 80TH PLACE	
CITY-ST-ZIP	SCOTTSDALE AZ	
TITLE	VTS	<input type="checkbox"/> DELETE
NAME	MILLER, NEAL	
STREET ADDRESS	120 GEORGIAN MANOR COURT	
CITY-ST-ZIP	ALPHARETTA GA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HOOPES, LINDSAY	
STREET ADDRESS	31310 W GRSIWOLD	
CITY-ST-ZIP	PHOENIX AZ	
TITLE	C	<input type="checkbox"/> DELETE
NAME	BRADNER, J. LAWRENCE	
STREET ADDRESS	210 HEPPLWHITE DRIVE	
CITY-ST-ZIP	ALPHARETTA GA	

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	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PAMPLIN, PETER W.	
5.3 STREET ADDRESS	2390 PRINCE HOWARD	
5.4 CITY-ST-ZIP	MARIETTA GA 30062	
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 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 on an attachment with an address.

SIGNATURE: *[Signature]* 2/12/97 77 (87 220)

CR2E034 (9/96)