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 # **P93000011967 (5)**

1. Corporation Name

AUDITEL, INC.

Principal Place of Business	Mailing Address
283 N. NORTHLAKE BLVD. SUITE 111 ALTAMONTE SPRINGS FL 32701	P.O. BOX 161692 ALTAMONTE SPRINGS FL 32716

	Principal Place of Business	Mailing Address
2. / 2a.	21 1040 Fullers Cross Rd.	26 1040 Fullers Cross Rd
Suite, Apt. #, etc.	22	27
City & State	23 Winter Garden, FL	28 Winter Garden, FL
Zip / Country	24 34787 / 25 USA	29 34787 / 30 USA

3. Date Incorporated or Qualified: 02/08/1993
3a. Date of Last Report: 02/28/1995
4. FEI Number: 59-3165865 ☐ 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

DECK, BARBARA S
283 N. NORTHLAKE BLVD.
SUITE 111
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name: Clements, Barbara S.
82 Street Address (P.O. Box Number is Not Acceptable): 1040 Fullers Cross Rd.
83 ~~W~~
84 City: Winter Garden FL 85 Zip Code: 34787

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: Barbara S Clements, BARBARA S. Clements, President 2/27/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLEMENTS, BARBARA S. 283 N. NORTHLAKE BLVD., SUITE 111 ALTAMONTE SPRINGS FL ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Bar Clements, Barbara S. 1040 Fullers Cross Rd. Winter Garden, FL 34787 ☑ Change Address ☐ Addition
	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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: Barbara S Clements BARBARA S. Clements 2/27/96 407-656-1899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #