

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90141 005 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S11106

1. Corporation Name
TELEDATA CONCEPTS, INC.



Principal Place of Business 4421 N DIXIE HWY BOCA RATON FL 33431	Mailing Address 4421 N DIXIE HWY BOCA RATON FL 33431
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0227197	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	☐	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	
Zip	Zip	8. This corporation owes the current year intangible Personal Property Tax.	☐ Yes ☒ No
24	29		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent										
LUSKO, FRANK 4421 N DIXIE HWY BOCA RATON FL 33431	<table border="1"> <tr> <td>81 Name</td> <td>MARK KRUGER</td> </tr> <tr> <td>82 Street Address (P.O. Box Number is Not Acceptable)</td> <td>4421 N. DIXIE HIGHWAY</td> </tr> <tr> <td>83</td> <td></td> </tr> <tr> <td>84 City</td> <td>BOCA RATON FL</td> </tr> <tr> <td>85 Zip Code</td> <td>33431</td> </tr> </table>	81 Name	MARK KRUGER	82 Street Address (P.O. Box Number is Not Acceptable)	4421 N. DIXIE HIGHWAY	83		84 City	BOCA RATON FL	85 Zip Code	33431
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82 Street Address (P.O. Box Number is Not Acceptable)	4421 N. DIXIE HIGHWAY										
83											
84 City	BOCA RATON FL										
85 Zip Code	33431										

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

Signature, typed or printed name of registered agent and date if applicable

Signature, typed or printed name of registered agent and date if applicable

5/10/99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	DIRECTOR
NAME	LUSKO, FRANK	1.2 NAME	JOSEPH S. FEINBERMAN
STREET ADDRESS	4421 N DIXIE HWY	1.3 STREET ADDRESS	4421 N. DIXIE HIGHWAY
CITY-ST-ZIP	BOCA RATON FL 33431	1.4 CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	VP	2.1 TITLE	DIRECTOR
NAME	KRUGER, MARK	2.2 NAME	GARRETT SULLIVAN
STREET ADDRESS	4421 N DIXIE HWY	2.3 STREET ADDRESS	400 ROYAL PALM WAY SUITE 410
CITY-ST-ZIP	BOCA RATON FL 33431	2.4 CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE		3.1 TITLE	DIRECTOR
NAME		3.2 NAME	SCOTT SILVERMAN
STREET ADDRESS		3.3 STREET ADDRESS	400 ROYAL PALM WAY SUITE 410
CITY-ST-ZIP		3.4 CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE		4.1 TITLE	VP
NAME		4.2 NAME	ROBERT CHILTON
STREET ADDRESS		4.3 STREET ADDRESS	4421 N. DIXIE HIGHWAY
CITY-ST-ZIP		4.4 CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** JOSEPH S. FEINBERMAN 4/13/99 561-367-1337

CR2E034 (11/98)