FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAY -1 AM 5:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F58286** **(8)**

1. Corporate Name
COMTEL, INC.

Principal Place of Business:
C/O GEORGE DOOLEY
14901 N.E. 20TH AVENUE
MIAMI FL 33181-1121

Mailing Address:
C/O GEORGE DOOLEY
14901 N.E. 20TH AVENUE
MIAMI FL 33181-1121

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/10/1981
3a. Date of Last Report: 02/07/1994

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

4. FEI Number: 59-2142968 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. File for Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. The corporation has liability for intangible tax under § 199.032 Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
DOOLEY, GEORGE
14901 N E 20TH AVE
MIAMI FL 33261-7002

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 Section 607.0505, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The character of business of the corporation's board of directors hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE:

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, ETC.	
TITLE	C	TITLE	☐ Change ☐ Add
NAME	KRAYER, ANTHONY C.	NAME	
STREET ADDRESS	340 TROPICAL WAY	STREET ADDRESS	
CITY, ST, ZIP	PLANTATION FL	CITY, ST, ZIP	
TITLE	P	TITLE	☐ Change ☐ Add
NAME	DOOLEY, GEORGE	NAME	
STREET ADDRESS	14901 NE 20TH AVENUE	STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	CITY, ST, ZIP	
TITLE	D	TITLE	☐ Change ☐ Add
NAME	WEAVER, GEORGE W.	NAME	
STREET ADDRESS	871 E. COMMERCIAL BLVD	STREET ADDRESS	
CITY, ST, ZIP	FT. LAUDERDALE FL	CITY, ST, ZIP	
TITLE	D	TITLE	☐ Change ☐ Add
NAME	BAAL, ROBERT G.	NAME	
STREET ADDRESS	7200 CORP. CENTER DR.	STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	CITY, ST, ZIP	
TITLE	T	TITLE	☐ Change ☐ Add
NAME	CARROLL, SHIRLEY G.	NAME	
STREET ADDRESS	14901 NE 20TH AVENUE	STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	CITY, ST, ZIP	
TITLE	S	TITLE	☒ Change ☐ Add
NAME	SALVATORE/HERRON, DIANE	NAME	SISSON, RITA J.
STREET ADDRESS	14901 NE 20TH AVENUE	STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report, including any attachments, does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report, and attached hereto, is 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 hereof or on an attachment with an title.

SIGNATURE: GEORGE DOOLEY
SIGNATURE AND TYPE OR PRINTED NAME OF BINDING OFFICER OR DIRECTOR

4-27-95
DATE

0200110 CP