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Mar 04 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 # 404868 (2)
1. Corporation Name
TELECOMMUNICATION ASSOCIATES, INCORPORATED

Principal Place of Business
4301 BLUE WATER PT
HOMOSASSA SPRINGS FL 34446
US

Mailing Address
PO BOX 308
HOMOSASSA SPRINGS FL 34447-0308
US



3. Date Incorporated or Qualified 07/13/1972
3a. Date of Last Report 02/21/1996

2. Principal Place of Business 21 8 GRAYTWIG Co SO. Suite, Apt. #, etc. 22 City & State 23 HOMOSASSA FL Zip 24 34446 Country 25 USA	2a. Mailing Address 26 PO Box 308 Suite, Apt. #, etc. 27 City & State 28 HOMOSASSA SPRINGS FL Zip 29 34447 Country 30 USA	4. FEI Number 59-1410379 Applied For 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
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9. Name and Address of Current Registered Agent

SINCLAIR, ALBERT R.
ONE BLUE WATER POINT
HOMOSASSA SPRINGS FL 32647

10. Name and Address of New Registered Agent

81 Name SINCLAIR, ILSE H. PD
82 Street Address (P.O. Box Number is Not Acceptable)
8 GRAYTWIG Co. SO.
83
84 City HOMOSASSA FL 85 Zip Code 34446

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 ILSE H. SINCLAIR
Signature typed or printed name of registered agent and title if applicable
(NOTE: Registered Agent signature required when re-stating)
DATE 2/15/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINCLAIR, ALBERT R.	12 NAME	
STREET ADDRESS	ONE BLUE WATER POINT	13 STREET ADDRESS	
CITY- ST- ZIP	HOMOSASSA SPRINGS FL	14 CITY- ST- ZIP	
TITLE	STD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINCLAIR, ILSE H.	22 NAME	
STREET ADDRESS	ONE BLUE WATER POINT	23 STREET ADDRESS	
CITY- ST- ZIP	HOMOSASSA SPRINGS FL	24 CITY- ST- ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, W. T.	32 NAME	
STREET ADDRESS	9030 WEST FT ISLAND TR	33 STREET ADDRESS	
CITY- ST- ZIP	CRYSTAL RIVER FL	34 CITY- ST- ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY- ST- ZIP		44 CITY- ST- ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY- ST- ZIP		54 CITY- ST- ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		64 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: ILSE H. SINCLAIR
Signature typed or printed name of signing officer or director
Date 2/15/97 352-382-7920
Daytime Phone #

CR2E034 (9/96)