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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 404868

1. Corporation Name

TELECOMMUNICATION ASSOCIATES INCORPORATED

TELECOI	AIMONICATION ASSOCIATI	LO, INCOM CHAI	LU						
Principal Place	of Business	Mailing Address	,					311 BIGH 81811 BI	D11 41411 1041
8 GRAYTWIG C	o s	P O BOX 308							
HOMOSASSA FL 34446		HOMOSASSA SPGS FL 34447							
US		U\$		DO NOT WRITE	IN THIS	SPACE			
						3. Date Incorporated or Qualifed 07/13/1972			
2. Principal Pl	ace of Business	2a. Mailing Addre	SS			4. FEI Number		Apr	olied For
21		26				59-14103 <u>79</u>		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.			5. Certifcate of Status Desired		\$8.75 A	
22		27				5. Certificate of Ottatas Besired		Fee Rec	juired
City & State	9	City & State				6. Election Campaign Financing		\$5.00	
23		28				Trust Fund Contribution		Added to	Fees
Zip	Country	Zip		untry		8. This corporation owes the current	it year Inta		_
24	25	29	30			Personal Property Tax.			□No
	9. Name and Address of Curre	nt Registered Agent		1		10. Name and Address of New Re	gistered /	<u>lgent</u>	
01110	N 410 11 00 11 00			81	Name				
	CLAIR, ILSE H PD			82	Street Addr	ess (P.O. Box Number is Not Acceptable	le)		
8 GRAYTWIG CO S									
HOM	IOSASSA FL 34446			83					
	•			84	City		FL	85 Zip C	ode
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the obliga	e of Florida. Such chang	je was authorize	ed by tr	named corpo he corporation	oration submits this statement for the pi on's board of directors. I hereby accept	urpose of o the appoir	changing its itment as reg	egistered istered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Registere	ed Agent	signature required	d when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTORS	13.		····	ADDITIONS/CHANGES TO OFFI	CERS AN		
TITLE	STD	☐ DE	LETE 1.1 T	TITLE				Change	☐ Addition
NAME	SINCLAIR, ILSE H.		1.2 N	NAME					
STREET ADDRESS	one blue water point		1.3 S	STREET	ADDRESS				
CITY-ST-ZIP	HOMOSASSA SPRINGS FL		1.4 C	CITY-ST-	ZIP				
TITLE	D	□ DE	LETE 2.1 T	TITLE					☐ Addition
NAME	GREEN, W. T.		2.2 N					☐ Change	C Addition
STREET ADDRESS	9030 WEST FT ISLAND TR			NAME				∐ Change	C Addison
CITY-ST-ZIP			2.3 \$		ADDRESS			Change	C Addison
	CRYSTAL RIVER FL	·			i i				
TITLE	CRYSTAL RIVER FL	. DE	2.40	STREET	i i			☐ Change	Addition
TITLE NAME	CRYSTAL RIVER FL	DE	2.40 ELETE 3.1 T	STREET A	i i				
	CRYSTAL RIVER FL	□ DE	2.40 ELETE 3.1 T 3.2 N	STREET A CITY-ST TITLE NAME	i i				
NAME	CRYSTAL RIVER FL	□ DE	2.40 ELETE 3.1 T 3.2 N 3.3 S	STREET A CITY-ST TITLE NAME	-ZIP ADDRESS			Change	☐ Addition
NAME STREET ADDRESS	CRYSTAL RIVER FL		2.40 ELETE 3.1 T 3.2 N 3.3 S 3.4.0	STREET A CITY-ST TITLE NAME STREET A	-ZIP ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP	CRYSTAL RIVER FL		2.40 ELETE 3.1T 32 N 3.3 S 3.4.0 ELETE 4.1T	STREET A CITY-ST- TITLE NAME STREET A CITY-ST-	-ZIP ADDRESS			Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	CRYSTAL RIVER FL		2.40 ELETE 3.11 32 N 33 S 3.4.0 LETE 4.11 4.21	STREET A CITY-ST. TITLE NAME STREET A CITY-ST. TITLE NAME	-ZIP ADDRESS		- A	Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	CRYSTAL RIVER FL	□ DE	2.40 ELETE 3.11 32 N 33 S 34.0 ELETE 4.1T 4.27 4.38 4.40	STREET A CITY-ST. TITLE NAME STREET A CITY-ST. TITLE NAME	ADDRESS -ZIP ADDRESS			Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CRYSTAL RIVER FL		2.40 ELETE 3.1T 32 N 3.3 S 3.4.0 4.1T 4.21 4.3 S 4.4.0	STREET A CITY-ST- TITLE NAME STREET A CITY-ST- TITLE NAME STREET A	ADDRESS -ZIP ADDRESS			Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CRYSTAL RIVER FL	□ DE	2.40 ELETE 3.17 32 N 3.3 S 3.4.0 4.17 4.20 4.3 S 4.4.0 ELETE 5.17	STREET A CITY-ST- TITLE NAME STREET A CITY-ST- TITLE NAME STREET A CITY-ST-	ADDRESS -ZIP ADDRESS			Change	☐ Addition
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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 path; 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.

SIGNATURĘ