

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 # **F58286** (8)
1. Corporation Name
COMTEL, INC.



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

3. Date Incorporated or Qualified **12/10/1981** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

4. FEI Number **59-2142968** 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
**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 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 _____ (NOTE: Registered Agent's signature required when reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KRAYER, ANTHONY C. 340 TROPICAL WAY PLANTATION FL	1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	C BAAL, ROBERT G. 8900 NORTH KENDALL DRIVE MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOOLEY, GEORGE 14901 NE 20TH AVENUE MIAMI FL	2. 1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEAVER, GEORGE W. 871 E. COMMERCIAL BLVD FT. LAUDERDALE FL	3. 1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAAL, ROBERT G. 7200 CORP. CENTER DR. MIAMI FL	4. 1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D KRAYER, ANTHONY C. 340 TROPICAL WAY PLANTATION FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARROLL, SHIRLEY G. 14901 NE 20TH AVENUE MIAMI FL	5. 1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SISSON, RITA J 14901 NE 20TH AVENUE MIAMI FL	6. 1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

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: *George Dooley*

DATE: **4-5-96**

SIGNATURE OF REGISTERED AGENT (PRINT NAME OF SIGNING OFFICER OR DIRECTOR) **GEORGE DOOLEY, PRESIDENT** Day/Time Phone # _____

CR2E034 (12/95)