FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

F61941

(3)

TEL-A-BET, INC.

Principal Place of Business Mailing Address 105 E 21\$T ST. 105 E 21ST ST. P. O. BOX 158 (33011) HIALEAH FL 33010 P. O. BOX 158 (33011) HIALEAH FL 33010 2. Principal Place of Business 2a. Mailing Address

FILED Jan 29 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualified 01/07/1982

4. FEI Number

21		26				NOT APPLICABLE		Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					_ \$8	.75 A	dditional	
22		27				5. Certificate of Status Desired	_ F	ee Rec	quired	
City & State	3	City & State				6. Election Campaign Financing	\$!	5.00 r	May Be	
23		28				Trust Fund Contribution		dded to	Fees	
Zip	Country	Zip	Cour	ntry		8. This corporation owes or has pald to	the current ye			
24	25	29	30			Personal Property Tax due June 30			No	
g. Name and Address of Current Registered Agent						10. Name and Address of New Regis	tered Agent			
VAN LINDT, JOHN				81 Name						
105 E 21ST ST.				82 Street Address (P.O. Box Number Is Not Acceptable)						
HIALEAH FL 33010				02 Street Address (1.0. box Natitiber is 140) Acceptable)					1	
110 122 11 1 2 000 10				83						
			-	_						
•			li li	84	City		FL 85	Zìp C	ode	
11 Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the above-pamed 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
12.	OFFICERS AND		13.	луы	it signature required	ADDITIONS/CHANGES TO OFFICER		CTORS	IN 12	
TITLE	P					1,00,110,10,01,1110,00,10,01,10,01		nange	☐ Addition	
NAME				1.1 TITLE 1.2 NAME				-		
STREET ADDRESS	100 ELOT OLOT OTREET			1.3 STREET ADDRESS						
	HIALEAH FL									
CITY-ST-ZIP				1.4 CITY-ST-ZIP 2.1 TITLE			Па	nange	Addition	
				2.7 NAME						
NAME				.3 STREET ADDRESS						
STREET ADDRESS	I MALE ALLE									
CITY-ST-ZIP				IY-SI	1-ZIP		Пс	nange	Addition	
TITLE				-				en igo		
NAME	Ditaile in ordination			ME						
STREET ADDRESS	105 EAST 21ST STREET				ADDRESS					
CITY-ST-ZIP				IY-ST	r-zip				1	
TITLE	T	DELETE	4.1 TITI	LE			U	nange	Addition	
NAME	BOBER, MONROE		4.2 NA	ME						
STREET ADDRESS	105 EAST 21ST STREET		4.3 STF	REET A	ADDRESS					
CITY-ST-ZIP	HIALEAH FL		4.4 CIT	Y-ST	- ZIP				,	
TITLE		DELETE	5.1 7170	LE			L Ct	range	☐ Addition	
NAME			5.2 NAI	ME					+	
STREET ADDRESS			5.3 STP	REET A	ADDRESS				1	
CITY-SY-ZIP			5.4 CIT	Y-ST	- ZIP					
TITLE		DELETE	6.1 TITI	LE			C	ange	Addition	
NAME			6.2 NA	ME						
STREET ADDRESS			6.3 STF	REET A	ADDRESS				1	
CITY-ST-ZIP			6.4 CIT	Y-ST	- ZIP					
#4 I horoby o	ertify that the information supplied wi	th this filling does not qualify for	or the ever	mnti	ion stated in S	ection 119.07(3)(i), Florida Statutes. I fur	ther certify th	at the i	nformation	
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 game appears in										
officer of uneclosed to the companion of the received of the second of t										