

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

**FILED**

**Apr 07 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F93000003405 (8)**  
 1. Corporation Name  
**T.A.I. INTERNATIONAL INC.**



Principal Place of Business <b>13902 NORTH DALE MABRY HIGHWAY SUITE #185 TAMPA FL 33618</b>	Mailing Address <b>13902 NORTH DALE MABRY HIGHWAY SUITE #106 TAMPA FL 33618-2424</b>
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2. Principal Place of Business <b>Telecom Associates Inc. Concourse Center 3505 Frontage Road Suite 130 Tampa, FL 33607-1748</b>		2a. Mailing Address <b>Telecom Associates Inc. Concourse Center 3505 Frontage Road Suite, Apt. # Suite 130 Tampa, FL 33607-1748</b>
21	22	23
24	25	26

3. Date Incorporated or Qualified <b>07/27/1993</b>	3a. Date of Last Report <b>04/30/1996</b>
4. FEI Number <b>59-3189027</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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	

9. Name and Address of Current Registered Agent <b>KIMBERLEY, L. RICHARD 3707 MONARCH DR. TAMPA FL 33618</b>		10. Name and Address of New Registered Agent	
81	82	83	84
85	86	87	88

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for filing 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, and I, the undersigned, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PS</b>	NAME <b>KIMBERLEY, SHARON K</b>	1.1 TITLE <b>PS</b>	1.2 NAME <b>KIMBERLEY, SHARON K</b>
STREET ADDRESS <b>3707 MONARCH DR.</b>	CITY-ST-ZIP <b>TAMPA FL 33618</b>	1.3 STREET ADDRESS <b>6260 KINGS COLONY DR. #103</b>	1.4 CITY-ST-ZIP <b>GULFPORT, FL 33707</b>
TITLE <b>VPT</b>	NAME <b>KIMBERLEY, L. RICHARD</b>	2.1 TITLE <b>VPT</b>	2.2 NAME <b>KIMBERLEY, L. RICHARD</b>
STREET ADDRESS <b>3707 MONARCH DR.</b>	CITY-ST-ZIP <b>TAMPA FL 33618</b>	2.3 STREET ADDRESS <b>6260 KINGS COLONY DR. #103</b>	2.4 CITY-ST-ZIP <b>GULFPORT, FL 33707</b>
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS	CITY-ST-ZIP	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

Change  Addition

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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: **KIMBERLEY, L. RICHARD** 3/31/97  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)