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Apr 07 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 # F93000003405 (8)

1. Corporation Name

T.A.I. INTERNATIONAL INC.

Principal Place of Business

Mailing Address

13902 NORTH DALE MABRY HIGHWAY
SUITE #185
TAMPA FL 33618

13902 NORTH DALE MABRY HIGHWAY
SUITE #185
TAMPA FL 33618-2424



Telecom Associates Inc.

2. Principal Place of Business

2a. Mailing

21 Telecom Associates Inc.
Concourse Center
3505 Frontage Road
Suite 130
22 Tampa, FL 33607-1748
23 City & State
24 Zip 25 Country

26 Concourse Center
3505 Frontage Road
Suite, Apt. # Suite 130
27 Tampa, FL 33607-1748
28 City & State
29 Zip 30 Country

3. Date Incorporated or Qualified
07/27/1993

3a. Date of Last Report
04/30/1996

4. FEI Number

59-3189027

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

10. Name and Address of New Registered Agent

KIMBERLEY, L. RICHARD
3707 MONARCH DR.
TAMPA FL 33618

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

Telecom Associates Inc.
Concourse Center
3505 Frontage Road
Suite 130
Tampa, FL 33607-1748

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement in support 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PS	KIMBERLEY, SHARON K	3707 MONARCH DR.	TAMPA FL 33618	<input type="checkbox"/>
VPT	KIMBERLEY, L. RICHARD	3707 MONARCH DR.	TAMPA FL 33618	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
PS	KIMBERLEY, SHARON K	6260 KILBES COLONY DR. #103	GULFPORT, FL 33707	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPT	KIMBERLEY, L. RICHARD	6260 KILBES COLONY DR. #103	GULFPORT, FL 33707	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)