03-14-1999 90004 049 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # FOACOOOGACO

1. Corporation	TEL INVESTORS, INC.)02100				4 1001100 III 0 10111 01011 00111 00	111 41 111 44 111 41 11 1	. 1 1 14 1 11 11 1	1021 48 11 4 88 1
Principal Place	of Business	Mailing Address				'II #8111 88111 88119 118	J O 1 11411 0 2	1111 2011 1001	
850 RIDGE LAKE BLVD		850 LAKE RIDGE BLVD							
SUITE 220		SUITE 220			DO NOT WRITE IN THIS SPACE				
MEMPHIS TN 38120 US		MEMPHIS TN 38120 US			3. Date Incorporated or Qualifed				
						04/22/1994			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Арр	lied For
21		26				62-1534743			Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	T T	3.75 Ad Fee Req	
22		27						·	
City & State		City & State			Election Campaign Financing Trust Fund Contribution		5.00 N		
23	Country	28	Coun	itor					
				iu y		This corporation owes the curr Personal Property Tax.	entyear manglor	es [X No
24	9. Name and Address of Current		<u>'</u>			10. Name and Address of New F	Registered Agen		·
3. Name and Address of Content Regional Agent				81 Name					
CT CORPORATION SYSTEM			}	82 Street	Addr	ess (P.O. Box Number is Not Accepta	able)		
1200 S. PINE ISLAND RD				oz Sileet	Auui.	533 (1 .O. BOX Hamber 13 Hot recopie			
PLANTATION FL 33324			Ī	83					
			-	84 City			85	Zip C	ode
				1		<u> </u>	FLI	, .	
l office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was auth ons of, Section 607.0505, Florida	norized a Statu	by the corp tes.	orauc	on's board of directors. I hereby accep	pt the appointmen	ging its r it as reg	istered
	Signature, typed or printed name of registered agent			gent signature	required	d when reinstating) ADDITIONS/CHANGES TO OF	DATE	OECTO!	25 IN 12
12.	OFFICERS AND	D DIRECTORS	13.			ADDITIONS/CHANGES TO OF		Change	Addition
TITLE	D LOBODICA H LYNCE 6D	DELETE	1.2 NA						_
NAME	ATT DIRECT LAWE DIVID OTT AGO		1.3 STREET ADDRESS						
STREET ADDRESS	MEMPHIS TN	•		Y-ST-ZIP					
CITY-ST-ZIP	CPD			2.1 TITLE C.		D	X (Change	Addition
NAME	SOLMSON, ROBERT M	-			<u> </u>		•		
STREET ADDRESS	850 RIDGE LAKE BLVD, STE 22	0	2.3 STF	REET ADDRESS					
CITY-ST-ZIP	MEMPHIS TN			Y-ST-ZIP					
TITLE	D	☐ DELETE	3.1 TITLE					Change	Addition
NAME	STARNES, MICHAEL		3.2 NA	ME					
STREET ADDRESS	850 RIDGE LAKE BLVD, STE 22	0	3.3 STF	REET ADDRESS					
CITY-ST-ZIP	MEMPHIS TN			Y-ST-ZIP					
TITLE	V	☐ DELETE	4.1 TIΠ	LE	P		22 0 c	Change	☐ Addition
NAME	LOVELACE, J. WILLIAM		4. 2 NA	WE					
STREET ADDRESS	850 RIDGE LAKE BLVD, STE 22	0	4.3 STF	REET ADDRESS					
CITY-ST-ZIP	MEMPHIS TN			Y-ST-ZIP	↓			Chance	Addition
TITLE	ST	☐ DELETE	5.1 TTT					Change	Addition
NAME	PASCAL, MICHAEL J	_	5.2 NA						i
STREET ADDRESS	850 RIDGE LAKE BLVD, STE 22	Ū		REET ADDRESS Y-ST-ZIP					
CITY-ST-ZIP	MEMPHIS TN	□ DELETE	6.1 TITI		+			Change	Addition
TITLE	OAMOREIL BRIICE E	orrest	6.2 NA					•	_
NAME CTREET ADDRESS	CAMPBELL, BRUCE E.	n		REET ADDRESS					

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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS 850 RIDGE LAKE BLVD, STE 220

Michael J. loscal

3.10.99