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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9400002202

TELECTRA INC.

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Mailino	Addre	

## **FILED** Jan 21, 1999 8:00am Secretary of State 01-21-1999 90047 016 \*\*\*150.00



Principal Plac	e or business	ivianing Address								
15365 MEADOW WOOD DR. 15365 MEADOW WOOD DR. WEST PALM BEACH FL 33414 WEST PALM BEACH FL 33414						•				
TEGI FACM D	LOUI IL JOTIT	HEOT FALM DEACH	1 C 00717			100	NOT WRITE II	N THIS S	PACE	
						3. Date Incorporated or				
	•					04/28/1994	Quanto C			
9 Principal P	Place of Business	2a. Mailing Address	<del></del>			4. FEI Number			T 17	\\
	race of Business	<del>                                     </del>	•			**			-	Applied For
21		26				22-2475935				Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, et	C.			5. Certifcate of Status E	Desired _	l	•	Additional .
22		27						·	Fee I	Required
City & Stat	te	City & State				6. Election Campaign F	inancing _	1	\$5.0	May Be
23		28				Trust Fund Contribut	ion	l 		to Fees _
Zip 🤨	Country	Zip	Cou	untry		8. This corporation aug	the current v	ear Intar	ngible 4	YAS PAID
24	25	29	30			Personal Property Ta	_		Yes	□No
	9. Name and Address of Current	t Registered Agent				10. Name and Address		stered A	gent	
	The second of th			81	Name				-	
ROH	ILEDER, GERD									
	65 MEADOW WOOD DR.			82	Street Addre	ess (P.O. Box Number is No	ot Acceptable)			
	ST PALM BEACH FL 33414									<u> </u>
1160	OF PALM BEACHTE 33414			83						
				84	City	. 4	* *		85 Zir	Code
gent has smeet	o egyan,	. <u></u>						<u> </u>	<u> </u>	
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of	2 and 607.1508, Florida	Statutes, the a	bove	-named corpo	oration submits this stateme	nt for the purp	ose of cl	nanging i	ts registered
agent. I a	im familiar with, and accept the obligat	tions of, Section 607.050	5, Florida Stat	utes.	are corporatio	nts board of directors. Then	eby accept the	appoint	ment as	cgistered
SIGNATURE										
	Signature, typed or printed name of registered agent									
			(NOTE: Registered	d Agent	signature required	when reinstating)	0	ATE		
12.	OFFICERS ANI		(NOTE: Registered	d Agent	signature required	when reinstating) ADDITIONS/CHANGE			DIRECT	ORS IN 12
12.			13.		signature required			RS AND	DIRECT	
	OFFICERS ANI	D DIRECTORS	13.	TLE	signature required			RS AND		
TITLE	OFFICERS ANI CP ROHLEDER, UTE	D DIRECTORS	13. TE 1.1 TI 1.2 N	ITLE AME				RS AND		
NAME CONTRACTOR STREET ADDRESS	OFFICERS ANI CP ROHLEDER, UTE 15365 MEADOW WOOD DR.	D DIRECTORS	13. TE 1.1 TI 12 NJ 1.3 ST	TLE AME TREET	ADDRESS			RS AND		
NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS ANI CP ROHLEDER, UTE	D DIRECTORS	13. TE 1.1 TI 12 N 1.3 ST 1.4 CI	ITLE AME TREET /	ADDRESS			RS AND	Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS ANI CP ROHLEDER, UTE 15365 MEADOW WOOD DR.	D DIRECTORS	13. TE 1.1 TI 1.2 N 1.3 SI 1.4 CI TE 2.1 π	ITLE AME TREET / ITY-ST-	ADDRESS			RS AND		Addition .
NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS ANI CP ROHLEDER, UTE 15365 MEADOW WOOD DR.	D DIRECTORS	13. TE 1.1 TI 1.2 N 1.3 ST 1.4 CI TE 2.1 TI 2.2 N	TILE  AME  TREET / ITY-ST- ITLE  AME	ADDRESS - ZIP			RS AND	Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS ANI CP ROHLEDER, UTE 15365 MEADOW WOOD DR.	D DIRECTORS	13. TE 1.1 TI 1.2 N 1.3 ST 1.4 CI TE 2.1 TI 2.2 N	TILE  AME  TREET / ITY-ST- ITLE  AME	ADDRESS			RS AND	Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS ANI CP ROHLEDER, UTE 15365 MEADOW WOOD DR.	D DIRECTORS  DELE	13. TE 1.1 TΓ 1.2 NV 1.3 ST 1.4 CΓ TE 2.1 TΓ 2.2 NV 2.3 ST 2.4 C TE 3.1 TΓ 3.2 NV	TILE AME TREET / ITY-ST- ITLE AME TREET / CITY-ST- ITLE AME	ADDRESS - ZIP  ADDRESS 1- ZIP			RS AND	☐ Change	Addition
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	CP ROHLEDER, UTE 15365 MEADOW WOOD DR. WEST PALM BEACH FL 33414	D DELE	TE 1.1 TT 1.2 NV 1.3 ST 2.4 NV 2.3 ST 4.4 CF 1.7 TE 4.2 NV 3.3 ST 3.4 CF 4.1 TT 4.2 NV 4.3 ST 4.4 CF 1.5 S.3 ST 5.4 CF 5.3 ST 5.4 CF 1.1 TE 5.2 NA 5.3 ST 5.4 CF 5.4 CF 5.5 ST 5.4 CF 1.1 TE 5.2 NA 5.3 ST 5.4 CF 5.3 ST 5.4 CF 1.1 TE 5.2 NA 5.3 ST 5.4 CF 5.3 ST 5.4 CF 1.1 TE 5.2 NA 5.3 ST 5.3 ST 5.4 CF 1.1 TE 5.2 NA 5.3 ST 5.3 ST 5.4 CF 1.1 TE 5.2 NA 5.3 ST 5.	ITLE  AME  TREET / ITLE  AME  TREET / ITLE  AME  TREET / ITLE  ITL	ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP	ADDITIONS/CHANGE		R\$ AND	☐ Change ☐ Change ☐ Change	Addition  Addition  Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  NAME	CP ROHLEDER, UTE 15365 MEADOW WOOD DR. WEST PALM BEACH FL 33414	D DELE	TE 1.1 TT 1.2 NV 1.3 ST 2.4 CC TE 4.2 NV 4.3 ST 4.4 CC TE 5.1 TT 5.2 NA 5.3 ST 5.4 CC TE 6.1 TE 5.1 TT 5.2 NA 5.3 ST 5.4 CC TE 6.1 TT 5.3 NA 5.4 CC TE 6.1 TT 5.4 CC TE 6.1 TT 5.5 NA 5.5 ST 5.5 CC TE 6.1 TT 5.5 NA 5.5 ST 5.5 CC TE 6.1 TT 5.5 NA 5.5 ST 5.5 CC TE 6.1 TT 5.5 NA 5.5 ST 5.5 CC TE 6.1 TT 5.5 NA 5.5 ST 5.5 CC TE 6.1 TT 5.5 NA 5.5 ST 5.5 CC TE 6.1 TT 5.5 NA 5.5 ST 5.5 CC TE 6.1 TT 5.5 NA 5.5 ST 5.5 CC TE 6.1 TT 5.5 NA 5.5 ST 5.5 CC TE 6.1 TT 5.5 NA 5.5 ST 5.5 CC TE 6.1 TT 5.5 NA 5.5 ST 5.5 CC TE 6.1 TT 5.5 NA 5.5 ST 5.5 CC TE 6.1 TT 5.5 NA 5.5 ST 5.5 CC TE 6.1 TT 5.5 NA 5.5 ST 5.5 CC TE 6.1 TT 5.5 NA 5.5 ST 5.5 CC TE 6.1 TT 5.5 NA 5.5 ST 5.5 CC TE 6.1 TT 5.5 NA 5.5 ST 5.5 CC TE 6.1 TT 5.5 TT 5.5 NA 5.5 ST 5.5 TT 5.5	TILE  AME  TREET // ITY-ST- TILE  AME  TREET // TILE  AME  TREET // TILE  AME  TREET // TILE  AME  TREET // TILE	ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP	ADDITIONS/CHANGE		R\$ AND	☐ Change	Addition  Addition  Addition
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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.