FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 FEB -3 PM 1:24

DOCUMENT # **F94000003644 (1)**

1. Corporation Name
USTEL, INC.

Principal Place of Business	Mailing Address
10345 W. OLYMPIC BLVD., STE. 118 CENTURY CITY CA 90064-2524	10345 W. OLYMPIC BLVD., STE. 118 CENTURY CITY CA 90064-2524

DO NOT WRITE IN THIS SPACE.

FLA. OFFICE ONLY

3. Date Incorporated or Qualified: 07/12/1994
3a. Date of Last Report:

2. Principal Place of Business
21 2325 ULMERTON ROAD
22 Suite, Apt. #, etc. SUITE 27
23 City & State: CLEARWATER FL
24 Zip: 34622
25 Country: PINELLAS

2a. Mailing Address
26 2325 ULMERTON ROAD
27 Suite, Apt. #, etc. SUITE 27
28 City & State: CLEARWATER FL
29 Zip: 34622
30 Country: PINELLAS

4. FEI Number: 95-4362330 ☐ 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

CORPORATION SERVICE CO.
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named 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 _____ DATE
(Signature, Typed or printed name of Registered Agent and Title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	1.1 TITLE		☐ Change ☐ Addition
NAME	SCHWARTZ, NOAM	1.2 NAME		
STREET ADDRESS	10345 W. OLYMPIC BLVD., STE. 118	1.3 STREET ADDRESS		
CITY-ST-ZIP	CENTURY CITY CA 90064-2524	1.4 CITY-ST-ZIP		
TITLE	DV	2.1 TITLE		☐ Change ☐ Addition
NAME	EPLING, BARRY	2.2 NAME		
STREET ADDRESS	10345 W. OLYMPIC BLVD., STE. 118	2.3 STREET ADDRESS		
CITY-ST-ZIP	CENTURY CITY CA 90064-2524	2.4 CITY-ST-ZIP		
TITLE	DS	3.1 TITLE		☐ Change ☐ Addition
NAME	SCHWARTZ, DAVID	3.2 NAME		
STREET ADDRESS	10345 W. OLYMPIC BLVD., STE. 118	3.3 STREET ADDRESS		
CITY-ST-ZIP	CENTURY CITY CA 90064-2524	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	CFO	☐ Change ☒ Addition
NAME		4.2 NAME	Kermode, Richard E.	
STREET ADDRESS		4.3 STREET ADDRESS	14020 Egret Lane	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Clearwater, FL 34622	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0470520 FP