

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

**FILED**  
**Mar 12 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 1. Corporation Name  
**F9500000017**  
**NETEL, INC.**

Principal Place of Business Mailing Address  
**6300 NE FIRST AVENUE**  
**FORT LAUDERDALE, FL 33334**

DO NOT WRITE IN THIS SPACE  
 3. Date Incorporated or Qualified  
**11-3-94**

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

4. FEI Number **51-0362516** 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 owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**SCOTT LEHMAN**  
**6300 NE FIRST AVENUE**  
**FORT LAUDERDALE, FL 33334**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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: Type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	<b>P/D</b>	<b>PRESIDENT/DIRECTOR</b> <input type="checkbox"/> DELETE
NAME		<b>SCOTT LEHMAN</b>
STREET ADDRESS		<b>6300 NE FIRST AVENUE</b>
CITY-ST-ZIP		<b>FORT LAUDERDALE, FL 33334</b>
TITLE		<b>S/D</b> <input type="checkbox"/> DELETE
NAME		<b>NELSON FUTCH</b>
STREET ADDRESS		<b>6300 NE FIRST AVENUE</b>
CITY-ST-ZIP		<b>FORT LAUDERDALE, FL 33334</b>
TITLE		<b>V</b> <input type="checkbox"/> DELETE
NAME		<b>RAGIP DEVRES</b>
STREET ADDRESS		<b>6300 NE FIRST AVENUE</b>
CITY-ST-ZIP		<b>FORT LAUDERDALE, FL 33334</b>
TITLE		<b>D</b> <input type="checkbox"/> DELETE
NAME		<b>MENDERES AKDAG</b>
STREET ADDRESS		<b>6300 NE FIRST AVENUE</b>
CITY-ST-ZIP		<b>FORT LAUDERDALE, FL 33334</b>
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2	NAME	
1.3	STREET ADDRESS	
1.4	CITY-ST-ZIP	
2.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2	NAME	
2.3	STREET ADDRESS	
2.4	CITY-ST-ZIP	
3.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2	NAME	
3.3	STREET ADDRESS	
3.4	CITY-ST-ZIP	
4.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2	NAME	
4.3	STREET ADDRESS	
4.4	CITY-ST-ZIP	
5.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2	NAME	
5.3	STREET ADDRESS	
5.4	CITY-ST-ZIP	
6.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2	NAME	
6.3	STREET ADDRESS	
6.4	CITY-ST-ZIP	

**800002456118**  
**-03/13/98--01009--025**  
**\*\*\*150.00**

**DE**  
**3.12**

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 supplement to 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 engaged in any business with an address.

SIGNATURE: \_\_\_\_\_ DATE: **3-6-98** DAYTIME PHONE: **954-776-9100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)