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FILED

May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000001896 (8)

1. Corporation Name
TELSTAR CONSULTING, INC.

Principal Place of Business
9799 ST AUGUSTINE RD.
JACKSONVILLE FL 32257

Mailing Address
9799 ST AUGUSTINE RD.
JACKSONVILLE FL 32257-0039



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

04/19/1995

04/09/1996

4. FEI Number

Applied For

59-3298746

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

10. Name and Address of New Registered Agent

RAX CO.
C/O MAHONEY ADAMS & CRISER, P.A.
50 N. LAURA STREET, 3400 BARNETT CENTER
JACKSONVILLE FL 32202

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME LEGRAND, RON
STREET ADDRESS 9799 ST. AUGUSTINE ROAD
CITY-ST-ZIP JACKSONVILLE FL 32257

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE P
NAME RACH, RAY
STREET ADDRESS 9799 ST. AUGUSTINE ROAD
CITY-ST-ZIP JACKSONVILLE FL 32257

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S
NAME CASEY, SHAWN M
STREET ADDRESS 9799 ST. AUGUSTINE ROAD
CITY-ST-ZIP JACKSONVILLE FL 32257

DELETE

3.1 TITLE SD
3.2 NAME Casey, Shawn M
3.3 STREET ADDRESS 9799 Old St. Augustine Rd.
3.4 CITY-ST-ZIP Jacksonville, FL 32257

Change

TITLE T
NAME WAGER, ROSS G
STREET ADDRESS 9799 ST. AUGUSTINE ROAD
CITY-ST-ZIP JACKSONVILLE FL 32257

DELETE

4.1 TITLE T
4.2 NAME Geisler, Curt M
4.3 STREET ADDRESS 9799 Old St. Augustine Rd.
4.4 CITY-ST-ZIP Jacksonville, FL 32257

Change

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change

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 in an attachment with an address.

SIGNATURE: M C A D

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/97

904/896-2985

CR2E034 (9/96)

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