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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9500001896 (8)

TELSTAR CONSULTING, INC.

Principal Place o	f B usiness
-------------------	--------------------

Mailing Address

9799 ST AUGUSTINE RD. JACKSONVILLE FL 32257 9799 ST AUGUSTINE RD. JACKSONVILLE FL 32257

FILED Oct 07 1998 8:00am Secretary of State



JACKSONVILLE FL 32257 JACKSONVILLE FL 3225			257		DO NOT WRITE IN T	DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
						04/19/1995			
2. Principal P	lac e o f Busi	noss	2a. Mailing Address			4. FEt Number	A	upplied For	
21			26			<u>59-3298746</u>		lot Applicable	
Suite, Apt.	#, e tc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	,	Additional Required	
City & State	e		City & State			6. Election Campaign Financing	\$5.00) May Be	
23			28			Trust Fund Contribution		I to Fees	
Zip		Country	Zip	Cour	ntry	8. This corporation owes or has paid th	e current vear fr	ntangible	
24		25	29	30		Personal Property Tax due June 30.		□No	
		and Address of Curren	nt Registered Agent			Name and Address of New Register	red Agent		
	X CO .				81 Name	MOTOLAW, Inc.		Ì	
					Address (P.O. Box Number is Not Acceptable)				
PART BALINA ATRIPET AND BARALTERS OFFICERS				50 North Laura Street					
JA	ck so nvil	LE FL 32202			83				
				-	84 City	Suite 2750	las las		
•					Lity	Jacksonv i lle		Code 2202	
11. Pursuant t	to the provis	ions of Sections 607.050	2 and 607.1508, Florida Stat	lutes, the ab	ove-named	corporation submits this statement for the purpo	se of changing i	its registered	
office of ri agent, flai	egi ste red ag m fam iliar w	jent, or both, in the State th. and accept the obliga	of Florida. Such change wa: ations of, Section 607.0505, I	s authorized Florida Statu	by the corpites.	rporation's board of directors. I hereby accept the	appointment as	s registered	
SIGNATURE	لتا		One mileuit	· iorida biaic		9-30 - 98			
SIGNATURE	Signature, lyped	or printed name of registered age		O1E: Registered	Agent signature	e required when reinstating) DA	તાં .		
12.		OFFICERS AND	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12	
TITLE	P		☐ DELFTE	1.1 3(7)	£		☐ Change	Addition	
NAME	RACH,			1.2 NAI	Æ			ŀ	
STREET ADDRESS		T. AUGUSTINE ROAD		1.3 STA	FET ADDRESS			l l	
DITY-ST-ZIP		ONVILLE FL 32257		1.4 CiT	Y - ST- ZIP				
THLE	SD.		DELETE	2.1 7014	F	DST	XX Xhange	Addition	
NAME		SHAWN M		2.2 NAM	NÉ.				
STREET ADDRESS		T. AUGUSTINE ROAD		2.3 STR	EET ADDRESS				
C(1Y-ST-ZIP	JACKS	ONVILLE FL 32257		2. 4 CIT	Y-ST-ZIP				
TITLE	T		XXXXXELETE	3.1 TITL	E		Change	Addition	
NAME		R, CURT M		3 2 NAM	AE.				
STREET ADDRESS		T AUGUSTINE RD.		3 3 STR	EE1 ADDRESS			ŀ	
CITY-ST-ZIP	JACKS	ONVILLE FL 32257		3.4. CfT	Y-ST-71P			1	
THILE			☐ DELETE	4.1 TITL	E		Change	Addition	
NAME				4. 2 NA	ME				
STREET ADDRESS				4.3 STR	EE1 ADDRESS				
C(TY-ST-Z(P				4.4 CITY	r-\$1-ZIP				
TITLE			DELETE	5.1 Titu	Ē		Change	☐ Addition	
NAME				5.2 NAN	1F				
STREET ADDRESS				5.3 STR	EET ADDRESS				
CITY-ST-ZIP				5.4 City	-ST-ZIP			i	
TITLE			DELETE	6.1 THTL	F		Change	Addition	
NAME				6.2 NAN	IE				
STREET ADDRESS				6.3 STR	EET ADDRESS				
CITY-ST-ZIP				6.4 CI1 Y	-ST-ZIP				
indicated of officer or c	on this amrid fire olo r of th	information supplied wi al report or supplemental a sorporation or the rece changed, as on an attac	l annual report is true and ac liver or trustee empowered to	for the exen	nption state	ded in Section 119.07(3)(i), Florida Statutes. I furth gnature shall have the same legal effect as if mad s required by Chapter 607, Florida Statutes; and t	er certify that the e under oath; the hat my name ap	information at I am an pears in	
			. I'M W/24~	-		9–28–98			