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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # F95000003722 (4)

TELEMANAGEMENT RESOURCES, INC.

Principal Place of Business

Mailing Address

209 EISENHOWER LN \$ LOMBARD IL 60148

209 EISENHOWER LN S LOMBARD IL 60148-5407

## FILED Mar 07 1997 8:00am Secretary of State

3a. Date of Last Report

03/21/1996



3. Date Incorporated or Qualified

08/01/1995

<b>2.</b> Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
3415	3415 Keystone Road 26 3415 Key		tone Road		36-3744501	Not Applicable
Suite, Apt. 22	#, refo	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	(8)	Cily & State			6. Election Campaign Financing	\$5.00 May Be
Tarp	on Springs, FL	28 Tarpon Sp	rings,	${ t FL}$	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation has liability for intang	ible tax under s. 199.032,
3468	9 25	<sup>29</sup> 34689 <sub>3</sub>	0		Florida Statutes	X No
	<ol><li>Name and Address of Curren</li></ol>	t Registered Agent			10. Name and Address of New Register	ed Agent
ELLI	OTT, DAVID		81 1	lame		
7200 RIDGE RD., STE 17 PORT RICHEY FL 34668				82 Street Address (P.O. Box Number is Not Acceptable) 3415 Keystone Road		
			84 (	Nie.		ne Zo Codo
				Dity Tarr	oon Springs F	L 85 Zip Code 34689
11. Pursuant	to the provisions of Sections 607 050:	2 and 607, 1508, Florida Statutes	, the above-n	amad cara	ocation culprite this statement for the number	o of changing its registered
office or n	egistered agent, or both, in the State	of Florida, Such change was aut	thorized by th	e corporation	on's board of directors. I hereby accept the	appointment as registered
	m unificative value and the copy and copy of	anorta or, ocomer dor locos, riola	da Oldiolos.			
SIGNATURE	Planature, typed or pertion came of registered age	nt and the Tappricable (NOTE: f	Registered Agent s	ignature require	od when reinstating) DAT	É
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	
TifuE	DCPT	☐ DELETE	1.1 TITLE			Change Addition
NAME:	ELLIOTT, LINDA		1.2 NAME			
STREET ATORESS	4528 ARBOR VIEW DR		1.3 STREET AD	DRESS 10	24 Hagen Drive	
CHY SI-ZIF	LISLE IL 60532		1.4 CITY+ST-Z			4655
HILE	DCVS	DELETE	21 TITLE			Change
NAMI	ELLIOTT, DAVID		22 NAME			
STREET ACORESS	4528 ARBOR VIEW DR		2.3 STREET ADI	DRESS   10	024 Hagen Drive	
Citi - Si - ZiP	LISLE IL 60532		2. 4 DITY-ST-2	ne Ne	ew Port Richey, FL	34655
TI'LE		DELETE	3.1 THTLE		MA	☐ Change ☐ Addition
NAM:			3,2 NAME			
STREET ADDRESS			3.3 STREET AD	ORESS		
C IY+SI+7IP			3.4 CITY-ST-2	žib.		
Till		DELETE	4.1 TITLE			☐ Change ☐ Addition
NAVí			4 2 NAME			
STREET ADDRESS	l		4.3 STREET AD	DRESS		•
CH19 - S1 - Z69	i		4.4 CITY-ST-Z	IP .		
Till, F		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET AD	DRESS		
CHY-SI-781			5.4 CITY - ST - 2	IP		
Title		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME	ŀ		
STREET ADDITIONS			6 3 STREET AD	DRESS		
01Y-S1-ZIP			6.4 CITY - ST - Z	IP		
	by certify that the information supplied	a with this filing does not qualify	Annual Printer		in Section 119.07(3)(i), Florida Statutes. I fu	ther 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 have an officer or circular 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 in changed, or on an attachment with an address.

2/2///Linda Elliott 813/945-9300

SIGNATURE:

813/945-9300 Gaytinia Prote #