DOCUMENT # F95000006059 TELESALES SYSTEMS. INCORPORATED True Systems TELESALES SYSTEMS. INCORPORATED True Systems TO E THOMAS RD. #8-20 PHOENA 2 6016 TO E THOMAS RD. #8-20 TO E	CORPORATION ANNUAL REPORT 1999		FLORIDA DEPART Katherin Secretary DIVISION OF CO	TMENT OF STATE e Harris of State	FILE Jan 28, 199 Secretary	9 8:00am of State
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Zip Zip Country Zip Country Zip Zip Zip Country B. This compation ows the current year intangible Mo 8. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent C T CORPORTION SYSTEM B1 Name 10. Name and Address of New Registered Agent 14200 SOUTH PINE ISLAND ROAD B2 Street Address (P.O. Box Number is Not Acceptable) FL-Loss B2 Street Address (P.O. Box Number is Not Acceptable) FL-Dustant to the provisions of Sections 607.0502 and 607.1506. Florida Statutes, the above-named corporations board of directors. In hereby accept the appointment as registered agent, in this data enterent for the purpose of changing lis registered agent, in this data enterent for the purpose of changing lis registered agent, in this data enterent for the purpose of changing lis registered agent, in this data enterent for the purpose of changing lis registered agent, in this data enterent for the purpose of changing lis registered agent, in this data enterent for the purpose of changing lis registered agent, in this data enterent for the purpose of changing lis registered agent, in this data enterent for the purpose of changing lis registered agent, in this data enterent for the purpose of changing lis registered agent, in this data enterent for the purpose of changing lis registered agent, in this data enterent for the purpose of changing lis registered agent, in this data enterent for the purpose of changing lis registered agent, in this data enterent for the purpose of changing lis registered agent, in this state enteret agent, in this data enter	City & State	27	City & State			
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B4 City City FL B65 Zip Code Office or registered agent, or both, in the purpose of changing its registered agent, or both, in the State of Fiorka. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registared agent. are maintain with, and accept the obligations of Section 507.0505, Florida Statutes. GNATURE Bignitum, typed or inplication of sections 607.0505, Florida Statutes. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. C OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addition Kee TERZO, SALVATORE C 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addition Yst.2P PHOENX AZ 85016 14.007/S1.2P Change Addition Yst.2P PHOENX AZ 85016 21.108.2 21.108.2 Change Addition Yst.2P PHOENX AZ 85016 21.108.2		ND ROAD			dress (P.O. Box number is not Acceptable)	
Provide the provisions of Sections 607.0502 and 607.1508; Florida Statutes, the above-named corporation submits this statement for the puppes of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505; Florida Statutos. CANTURE Sequent. I am familiar with, and accept the obligations of, Section 607.0505; Florida Statutos. CANTURE Sequent. I, am familiar with, and accept the obligations of, Section 607.0505; Florida Statutos. CANTURE Sequent. I, am familiar with, and accept the obligations of, Section 607.0505; Florida Statutos. CANTURE Sequent. I, am familiar with, and accept the obligations of, Section 607.0505; Florida Statutos. CANTURE Sequent. I, am familiar with, and accept the obligations of, Section 607.0505; Florida Statutos. CANTURE Sequent. I, am familiar with, and accept the obligations of, Section 607.0505; Florida Statutos. CANTURE Sequent. I, the obligations of, Section 607.0505; Florida Statutos. CANTURE Sequent. I, the obligations of registered agent and the if applicable. NOTE Reparted Agent interacting (Control of Control of Co	PLANTATION FL 33324			83		
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Signature, typed or private Agent and the # applicable. (MCTE: Replayered Agent signature agent and the # applicable. DATE. 2 OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ILE PD □ DELETE 11 TITLE □ Change □ Addition MEE TERZO, SALVATORE C 12 WME □ Change □ Addition MEE TERZO, SALVATORE C 12 WME □ Change □ Addition MEE STD □ DELETE 21 TITLE □ Change □ Addition MEE STD □ DELETE 21 TITLE □ Change □ Addition MEE JANOVETZ, SHARON K 22 MME □ Change □ Addition Nerst-zop □ DELETE 21 TITLE □ Change □ Addition MEE JANOVETZ, SHARON K 22 MME □ Change □ Addition Nrs.srzp PHOENIX AZ 85016 □ Change □ Addition NRET ADDRESS 11 TITLE □ Change □ Addition MEE INTE □ DELETE 31 TITLE □ Change □ Addition NRET ADDRESS 11 TITLE □ Change □ Addition NRET ADDRESS 13 STREET ADDRESS □ Addition □ Addition NRET ADRESS 13 STREET ADDRESS	agent. I am familiar with, and ac	cept the obligations of,	Section 607.0505, Florid	da Statutes.	3° -	
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4. 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 supplemental annual report is pre- and accurate and that my signature shall have the same legal effect as if made under oath; that I am an	Y-ST-ZIP PHOENIX AZ 850 LE STD JANOVETZ, SHAF 2720 E. THOMAS PHOENIX AZ 850 LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP	16 RD., #B-200 16	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS		Change Addition