

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

FILED
Mar 27 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **F97000003415 (3)**
1. Corporation Name
TELANTIS CORPORATION

Principal Place of Business
**12501 WORLD PLAZA LANE
FORT MYERS FL 33907**

Mailing Address
**12501 WORLD PLAZA LANE
FORT MYERS FL 33907**



DO NOT WRITE IN THIS SPACE

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|--|--|---|--|--|--|
| 2. Principal Place of Business 21 12511 WORLD PLAZA LANE Suite, Apt. #, etc. 22 | | 2a. Mailing Address 26 12511 WORLD PLAZA LANE Suite, Apt. #, etc. 27 | | 3. Date Incorporated or Qualified 06/30/1997 | |
| 23 FORT MYERS, FLORIDA City & State | | 28 12511 WORLD PLAZA LANE City & State | | 4. FEI Number 65-0751936 Applied For Not Applicable | |
| 24 33907 Zip | | 29 33907 Zip | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 25 U.S.A. Country | | 30 U.S.A. Country | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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| 9. Name and Address of Current Registered Agent ACCIPITER II, INC. 12501 WORLD PLAZA LANE FORT MYERS FL 33907 | | 10. Name and Address of New Registered Agent 81 Name ACCIPITER II, INC. 82 Street Address (P.O. Box Number is Not Acceptable) 12511 WORLD PLAZA LANE 83 84 City FORT MYERS, FLORIDA FL 85 Zip Code 33907 | |
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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 **ACCIPITER II, INC.** BY: **ADAM A. MEYERSON**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

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| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD MEYERSON, ROBERT F 16488 CAPTIVA ROAD CAPTIVA ISLAND FL 33924 | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MEYERSON, ADAM 791 WYE ROAD AKRON OH 44333 | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS MURPHY, ELIZABETH 791 WYE ROAD AKRON OH 44333 | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 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 on an attachment with an address.

SIGNATURE: **TELANTIS CORPORATION** BY: **ADAM A. MEYERSON, PRESIDENT** (336) 666-6380

CR2E034 (10/97)