## 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 #

F9700006303 (8)

UTELL INC.

Principal Place of Business

Mailing Address

6100 WATERFORD BUILDING 6100 BLUE LAGOON DRIVE MIAMI FL 33126 6100 WATERFORD BUILDING 6100 BLUE LAGOON DRIVE MIAMT FL 33126 FILED
May 12 1998 8:00am
Secretary of State



MIAMI FL 33126		MIAMI FL 33126		DO NOT WRITE IN THIS SPACE			
		•			3. Date Incorporated or Qualified		
					12/01/1997		
2. Princip	oal Place of Business	2a. Mailing Address 26 810 N. 967H STREET			4. FEI Number	Ar	oplied For
21				71827	22-2853956		ot Applicable
	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
22	<b>8</b> State City & State						equired
	State	City & State  28 OMAHA A	JEBRI	ASTA	6. Election Campaign Financing	\$5.00	
Zip	Country	28 C/N/ H/H	Country		Trust Fund Contribution		to Fees
24	25	_ <del> </del>	¬ /	NSA .	Personal Property Tax due June 30.	<i>-</i>	tangible   ] No
25 29 65 // 30 UST					10. Name and Address of New Registered A		7 140
LEXIS DOCUMENT SERVICES INC.  81 Name							
3953 W W KELLEY ROAD							
TALLAHASSEE FL 32311			82 Street Address (P.O. Box Number is Not Acceptable)				
			83				
			84	City	FL	85 Zip (	Code
11. Pursi	uant to the provisions of Sections 607.050	2 and 607 1508, Florida Statutes	, the above	l e-named cor	rooration submits this statement for the purpose of	<u>L</u> L changing it	ts 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.							
SIGNATU	Signature typed or printed name of registered age	ert and title if applicable (NOTE:	Registered Age	rit signature requ	uired when reinstating) DATE		<del></del>
12.	OFFICERS AN	DIRLCTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	IS IN 12
TITLE	PCD	☐ DELETE	1.1 TITLE			Change	Addition
NAME	MISUNAS, KATHLEEN		1.2 NAME				[
STREET ADDR	ress   <b>800 Plaza Drive</b>		1.3 STREET	ADDRESS			İ
CITY-ST-2IF	SECAUCUS NJ 07096		1.4 CITY-ST-ZIP				
TITLE	EV	DELETE	2.1 TITLE			Change	Addition
NAME	HOPE, MICHAEL A		2.2 NAME				
STREET ADD			2.3 STREET	ADDRESS			
CITY-ST-ZIF			2. 4 CITY - S	ST-ZIP			
TITLE	DV	DELETE	3.1 TITLE			Change	Addition
NAME	MISUNAS, WILLIAM R		3.2 NAME				
STREET ADDR			3.3 STREET ADDRESS				1
CITY-ST-ZIP	\$ECAUCUS NJ 07096		3.4. CITY - S	ST-ZIP			
TIYLE	DS	☐ DELETE	4.1 TITL€		·	Change	☐ Addition
NAME	HORBACZEWSKI, HENRY Z		4. 2 NAME				
STREET ADDE			4.3 STREET	ADDRESS			
CITY-ST-ZIP	NEWTON MA 02158		4.4 CITY - S	1-ZIP			
TITLE	I	☐ DELETE	5.1 TITLE		l	Change	☐ Addition
NAME	LANG, VERA J		5.2 NAME				ŀ
STREET ADDR		JUK	5.3 STREET	ADDRESS			
CITY-ST-ZIP		T Britze	5.4 CITY-S	T-ZIP		710	
TITLE	ASAT CHARLES D	☐ DELETE	6.1 TITLE		l	Change	Addition
NAME	FONTAINE, CHARLES P		6.2 NAME				
STREET ADDR			6.3 STREET				Ì
CITY-ST-ZIP	NEWTON MA 02158	th this filing does not avoid: (	6.4 CITY-ST	f-ZIP	Profice 110 07/9/// Floride Control   14.0	414 4b - 4 4t	Jadawa - M - 1
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 eath, 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.							
Block 12 of Block 10 if Britaingood, of of the block 10 if Britaingood, of the block 10 if Britaingood, of of the block 10 if Britaingood, of the block 10 if Britaingood							