

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

FILED  
Feb 05, 1999 8:00am  
Secretary of State

02-05-1999 90007 002 \*\*\*150.00

PROFIT CORPORATION  
ANNUAL REPORT  
1999

DOCUMENT # F97000006459

Corporation Name  
TELEFYN INCORPORATED

Principal Place of Business  
BOX 2251  
CE FL 32571

Mailing Address  
PO BOX 2251  
PACE FL 32571

Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

2a. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

9. Name and Address of Current Registered Agent  
STEVENS, CHRISTINE  
5032 FOREST CREEK DRIVE  
PACE FL 32571

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  
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
	PCSD	BELLAS, JORGE	5032 FOREST CREEK DRIVE PACE FL	<input type="checkbox"/>
	T	STEVENS, CHRISTINE	5032 FOREST CREEK DRIVE PACE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/09/1997

4. FEI Number  
59-3445369

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

7. Trust Fund Contribution ☐

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	Change	Addition
1.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
1.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
1.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
2.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
4.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
6.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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, with all other like empowered.

1/18/99 (850) 995-8807

DATE DAYTIME PHONE #