


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

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90080 033 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000006670
 1. Corporation Name
TELANTIS RESEARCH, INC.

Principal Place of Business 12511 WORLD PLAZA LANE FT MYERS FL 33907	Mailing Address 791 WYE ROAD AKRON OH 44333 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
- Suite, Apt. #, etc. 22	Suite, Apt. #, etc. - 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

3. Date Incorporated or Qualified 12/17/1997	
4. FEI Number 34-1850493	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> - \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ACCIPITER II, INC.
12511 WORLD PLAZA LANE
FT MYERS FL 33907

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	MEYERSON, ADAM H	
STREET ADDRESS	791 WYRE ROAD	
CITY-ST-ZIP	AKRON OH	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHAMBERS, GREGORY J	
STREET ADDRESS	791 WYRE ROAD	
CITY-ST-ZIP	AKRON OH	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	RINGE, MAVIS	
STREET ADDRESS	12511 WORLD PLAZA LANE	
CITY-ST-ZIP	FT MYERS FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RINGE, MICHAEL	
STREET ADDRESS	12511 WORLD PLAZA LANE	
CITY-ST-ZIP	FT MYERS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DYER, RICHARD W	
STREET ADDRESS	791 WYE ROAD	
CITY-ST-ZIP	AKRON OH	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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.

SIGNATURE: TELANTIS RESEARCH, INC. **SIGNATURE REQUIRED** *Richard W Dyer* **3/12/99** **(330) 666-6380**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)