

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G14285** (2)

1. Corporation Name

**TELEPHONETICS INTERNATIONAL, INC.**



Principal Place of Business

**4330 NW 270TH DRIVE  
MIAMI FL 33055  
US**

Mailing Address

**4330 NW 207TH DRIVE  
MIAMI FL 33055  
US**

3. Date Incorporated or Qualified **12/15/1982** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number **59-2254615** Applied For ☐ Not Applicable ☐

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

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

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes ☐ No ☐

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARKS, JEFFREY N. ESQ.  
2040 N.E. 163RD STREET, SUITE 208  
MIAMI FL 33162**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

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

Signature typed or printed name of member, agent, or director (Applicable) (If the Registered Agent's Signature is required when not applicable, leave blank) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PS	<input type="checkbox"/> DELETE
NAME	<b>KVARES, ALAN J.</b>	
STREET ADDRESS	<b>4330 NW 207TH DRIVE</b>	
CITY- ST- ZIP	<b>MIAMI FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>KVARES, ALAN J</b>	
STREET ADDRESS	<b>4330 NW 207TH DRIVE</b>	
CITY- ST- ZIP	<b>MIAMI FL</b>	
TITLE	T	<input type="checkbox"/> DELETE
NAME	<b>ZADANOFF, RICHARD</b>	
STREET ADDRESS	<b>4330 NW 207TH DRIVE</b>	
CITY- ST- ZIP	<b>MIAMI FL</b>	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	<b>FEAR, KATHLEEN</b>	
STREET ADDRESS	<b>4330 NW 207TH DRIVE</b>	
CITY- ST- ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **RICHARD ZADANOFF** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/16/96** **305/625-0332** Date Date/Time

CR2E034 (12/95)