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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90237 008 ***150.00

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

Principal Place of Business Mailing Address
20165 N.E. 35TH AVE PH-4
Aventura FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/20/84

4. FEI Number *59-2466642* Applied For ☐ Not Applicable ☒

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

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

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

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

9. Name and Address of Current Registered Agent

LARRY LEVY
20165 N.E. 35TH AVE PH-4
Aventura FL 33180

10. Name and Address of New Registered Agent

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
 NAME *Mrs. LARRY LEVY*
 STREET ADDRESS *20165 N.E. 35TH AVE PH-4*
 CITY - ST - ZIP *Aventura FL 33180*

1.1 TITLE ☐ Change ☐ Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY - ST - ZIP

TITLE ☐ DELETE
 NAME *U. Mrs. SAM HERZBERG*
 STREET ADDRESS *MIAMI, FLA*
 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY - ST - ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY - ST - ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY - ST - ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY - ST - ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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:

[Signature] *Per* *4/29/99* *3059320000*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #