

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 95 AUG -9 PM 2:35

DOCUMENT # J48845 (8)
 1. Corporation Name
TELESYSTEMS PRODUCTION SERVICES, INC.

Principal Place of Business Mailing Address
% BARBARA W. MCLANE **% BARBARA W. MCLANE**
6701 O'HARA AVENUE **6701 O'HARA AVENUE**
BOYNTON BEACH FL 33437 **BOYNTON BEACH FL 33437**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	19130 Park Place Blvd	26	19130 Park Place Blvd	12/22/1986	05/01/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
				59-2800017	Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Eustis, FL	28	Eustis FL	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	6. Election Campaign Financing Trust Fund Contribution	
32736		29	32736	<input type="checkbox"/>	
		30	LAKK	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCLANE, BARBARA W. 6701 O'HARA AVENUE BOYNTON BEACH FL 33437				B1	Name	MCLANE, BARBARA W	
				B2	Street Address (P.O. Box Number is Not Applicable)	19130 PARK PLACE BLVD.	
				B3			
				B4	City	EUSTIS	FL
				B5	Zip Code	32736	

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: Barbara W. McLane BARBARA W. MCLANE 8/3/95
(Type or print 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	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLANE, WILLIAM D.	1.2 NAME	MCLANE, WILLIAM D
STREET ADDRESS	6701 O'HARA AVENUE	1.3 STREET ADDRESS	19130 PARK PLACE BLVD.
CITY - ST - ZIP	BOYNTON BEACH FL	1.4 CITY - ST - ZIP	EUSTIS, FL 32736
TITLE	DP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLANE, BARBARA W.	2.2 NAME	MCLANE, BARBARA W
STREET ADDRESS	6701 O'HARA AVENUE	2.3 STREET ADDRESS	19130 PARK PLACE BLVD.
CITY - ST - ZIP	BOYNTON BEACH FL	2.4 CITY - ST - ZIP	EUSTIS, FL 32736
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(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: Barbara W. McLane BARBARA W. MCLANE 8/3/95
(Type or print name of signing officer or director.) DATE

CR2E004 (3/95)

904-983-1686
 0094240 CP