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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

K47218

(8)

## **FILED** Apr 27 1998 8:00am Secretary of State

TELECOMMUNICATIONS INTERNATIONAL CONSULTANTS, IN Principal Place of Business Mailing Address 359 NW 43RD WAY 359 NW 43RD WAY **DEERFIELD BEACH FL 33442** DEERFIELD BEACH FL 33442 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/06/1988 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 65-0156639 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 **Trust Fund Contribution** Added to Fees 28 Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MONAHAN, DONALD F 359 NW 43RD WAY Street Address (P.O. Box Number is Not Acceptable) 82 DEERFIELD BEACH FL 33442 83 84 City 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, typod or printed name of registered agont and title if applicable (NOTE Registered Agent signature required when reinstaling) CR2E034 (10/97 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change Addition DELETE TITLE 1.1 TITLE MONAHAN, DONALD F. 1.2 NAME NAME -171 B. COUNTRY CLUB BLVB. LOUD LONGEREEK F 9.3 SHIEL THUDRESS STREET ADDRESS BOCK RATON FL-ALPHARESTA GA 30005 1.4 CITY - ST - ZIP CHY-ST-ZIP Change Addition 2.1 TITLE TITLE NAMI 22 NAME 2 3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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.

4/18/98

770-664-6807