

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

**FILED**  
**Jan 30 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K73673 (1)**  
 1. Corporation Name  
**AVERY TELECOMMUNICATIONS ENTERPRISE INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>KENNETH ALLEN AVERY 1631 NORTH 28TH CT. HOLLYWOOD FL 33020</b>	Mailing Address <b>KENNETH ALLEN AVERY 1631 NORTH 28TH CT. HOLLYWOOD FL 33020</b>
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3. Date Incorporated or Qualified <b>03/14/1989</b>	4. FEI Number <b>65-0166813</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 <b>790 Apple Tree Ln</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>790 Apple Tree Ln</b> Suite, Apt. #, etc.
22 City & State 23 <b>Boca Raton Fla.</b>	27 City & State 28 <b>Boca Raton Fla.</b>
24 Zip <b>33486</b>	25 Country <b>USA</b>
29 Zip <b>33486</b>	30 Country <b>USA</b>

9. Name and Address of Current Registered Agent  
**AVERY, KENNETH ALLEN  
1631 N. 28TH CT.  
HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent

81 Name <b>Avery, Kenneth Allen</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>790 Apple Tree Ln</b>
83
84 City <b>Boca Raton</b>
85 Zip Code <b>FL 33486</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>AVERY, KENNETH A.</b>		1.2 NAME <b>Avery, Kenneth A.</b>	
STREET ADDRESS <b>1631 N. 28TH CT.</b>		1.3 STREET ADDRESS <b>790 Apple Tree Ln</b>	
CITY-ST-ZIP <b>HOLLYWOOD FL</b>		1.4 CITY-ST-ZIP <b>Boca Raton FL 33486</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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.

*Handwritten signatures and dates at the bottom of the page.*

CR2E034 (10/97)