

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # K84184 (6)

1. Corporation Name
DEPENDABLE TELEPHONE SALES & SERVICE, INC.

Principal Place of Business
**5722 S FLAMINGO RD., SUITE 117
COOPER CITY FL 33330**

Mailing Address
**5722 S FLAMINGO RD., SUITE 117
COOPER CITY FL 33330**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/28/1989	3a. Date of Last Report 05/10/1994
4. FEI Number 65-0121818	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

GELLER, WAYNE	81. Name
20840 SAN SIMEON WAY	82. Street Address (P.O. Box Number is Not Acceptable)
APT 508	83. City & State
NORTH MIAMI BEACH FL 33179	84. Country
	85. Zip Code

10. Name and Address of New Registered Agent

	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83. City & State
	84. Country
	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) DATE _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELLER, WAYNE	1.2 NAME	
STREET ADDRESS	20840 SANM SIMEON WAY	1.3 STREET ADDRESS	
CITY, ST, ZIP	NORTH MIAMI BCH. FL	1.4 CITY - ST - ZIP	
TITLE		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		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 constitute an offer of securities. I am an officer or director of the corporation or the receiver or trustee empowered to appear in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Wayne Geller* DATE: **5/15/95** (Typed Name & Date)

FILED
SECRETARY OF STATE
MAY 31 1995