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Feb 03 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L05341 (7)
1. Corporation Name
MITEL ENTERPRISES INC.



Principal Place of Business

240 N FIG TREE LN
PLANTATION FL 33317

Mailing Address

240 N FIG TREE LN
PLANTATION FL 33317

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 5336 Malibu Ct
Suite Apt. #, etc.
22
City & State
23 Cape Coral FL
Zip
24 33904
Country
25 Lee
2a. Mailing Address
26 4600 Summerlin Rd
Suite Apt. #, etc.
27 C-2 MSC-577
City & State
28 Fort Myers FL
Zip
29 33919
Country
30 Lee

3. Date Incorporated or Qualified
07/27/1989
4. FEI Number
26-5314898
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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

TELA, MICHAEL
240 N FIG TREE LN
PLANTATION FL 33317

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 Michael Tella Michael Tella 1/14/98
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	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TELA, MICHAEL	1.2 NAME	
STREET ADDRESS	240 N FIG TREE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TELA, FRANCES J.	2.2 NAME	
STREET ADDRESS	240 N FIG TREE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TELA, CHARLES J.	3.2 NAME	
STREET ADDRESS	240 N FIG TREE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Director
STREET ADDRESS		4.3 STREET ADDRESS	5336 Malibu Ct
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Cape Coral FL 33904
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 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.

SIGNATURE: Michael Tella Michael Tella 1/14/98 (941) 540-0506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0288784

CR2E034 (10/97)