FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L55380** **(4)**

1. Corporate Name
TELECOMPUTE, INC.

Principal Place of Business
2545 N MILITARY TR
W PALM BCH FL 33403
US

Mailing Address
2545 N MILITARY TR
W PALM BCH FL 33403
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/05/1990**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
24 25 29 30

4. FEI Number: **65-0188010** — 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 has authority to transact business in Florida under Section 607.0501, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SHUGHART, JOHN A., JR.
600 COURTLAND ST
SUITE 190
ORLANDO FL 32804

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 Section 607.0501 and/or 617.0128, 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. The 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 607.0501, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	SHAH, HITESH
STREET ADDRESS	741 FLAMINGO WAY
CITY ST ZIP	N PALM BEACH FL
TITLE	S
NAME	SHAH, HITESH
STREET ADDRESS	741 FLAMINGO WAY
CITY ST ZIP	N PALM BEACH FL

13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS

☐ Change ☐ Add

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 with an asterisk (*) in front thereof with an title.

SIGNATURE: 04/24/95 407-684-0151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0240895 CP