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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L60852

(5)

FILED Jan 28 1998 8:00am Secretary of State

TELE-F	LEX SYSTEMS, INC.	• • •				 	#1611	
Principal Place of Business Mailing Address							11811 81811 61811 6181	
7601 NORTH FEDERAL HIGHWAY 7601 NORTH FEDERAL HIG SUITE 245A SUITE 245A BOCA RATON FL 33487 BOCA RATON FL 33487 US US				HWAY		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
00		•				03/23/1990		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Ar	oplied For
21 26						65-0190335	No	ot Applicable
Suite, Apt. #, etc.						5. Certificate of Status Desired		Additional
22		27						equired
City & State City & State			•			6. Election Campaign Financing		May Be
23	Country	28	Cov	untry		Trust Fund Contribution		to Fees
⊢ '	25	<u></u>	30	aria y		 This corporation owes or has paid the Personal Property Tax due June 30. 		tangible No
24	9. Name and Address of Curren	29 nt Registered Agent	30	1		10. Name and Address of New Register		
00				81	Name		<u> </u>	
OSTROWER, DAVID MITCHELL								
7601 NORTH FEDERAL HIGHWAY				82 Street Address (P.O. Box Number is Not Acceptable)				
SUITE 245A BOCA RATON FL 33487				83				
60	CA RATON FL 33467							-
				84	City	F	EL 85 Zip (Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607.050, egistered agent, or both, in the State on familiar with, and accept the obliga	2 and 607.1508, Florida Statute of Florida, Such change was a ations of, Section 607.0505, Flo	es, the al authorize orida Stat	bove-red by to tutes.	named corpo he corporation	pration submits this statement for the purpos on's board of directors. I hereby accept the		s registered registered
SIGNATURE	· · · · · ·							
	Signature, typed or printed name of registered age			d Agent	signature required	d when reinstaling) DAT	-	
12.	OFFICERS AND	D DIRECTORS DELETE	13.		· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	DP	☐ DETELE	1.1 TI				∐ Change	Addition
NAME	OSTROWER, DAVID M ss 7601 NORTH FEDERAL HIGHWAY - SUITE 245A		1.2 NAME 1.3 STREET ADDRESS		200000			
STREET ADDRESS	BOCA RATON FL	WAT - SUITE 243A						1
CITY-ST-ZIP TITLE			2,1 TI	17Y-\$T-	ZIP		Change	Addition
NAME	OSTROWER, DAVID M		2 2 NAME		1		onlangs	
TOTAL	OSTROWER, DAVID IN			2.3 STREET ADDRESS				
CITY - ST - ZIP	BOCA RATON FL	ATTE DOTTE L'IOT		ATY-ST-				
TITLE	DELETE		3.1 TITLE				Change	Addition
NAME	3.2		3.2 N/	AME				ľ
STREET ADDRESS	3.		3.3 \$7	3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. C	3.4. CITY - ST - ZIP				
TITLE	DELETE 4.11		4,1 TI	TLE			Change	Addition
NAME			4.2 N	iame				
STREET ADDRESS			4,3 \$1	TREET AC	DORESS			
CITY-ST-ZIP			4.4 CI	ITY-ST-	ZIP			
TITLE		DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NA	5.2 NAME				
STREET ADDRESS			5.3 ST	5.3 STREET ADDRESS				
CITY - ST - ZIP			5.4 CITY-ST-ZIF		ZIP			
TITLE		☐ DELETE	6.1 TITLE				L Change	☐ Addition
NAME			6.2 NA					
STREET ADDRESS			6.3 ST	TREET AD	DORESS			
CITY-SI-ZIP	and it. that the information are all of the	th this filling store and acceptant		TY-ST-		Castion 110 07/9VI) Blacks Statutas Liberta	contifu that the	information
indicated	entry that the information supplied Wi on this annual report or suppliementa	un uns ming does net quality to il annual report is true and acci	urate and	៩ហេស្គូប d that	m stated in S my signature	lection 119.07(3)(i), Florida Statutes. I furthe a shall have the same legal effect as if made	under oath: the	at I am an

4. I hereby certify that the information supplied with this filing does per quality 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 frue 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 thostee 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 a ddress.

CICNIATURE.

MARE REQUIRED

12/98 50190

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