


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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90195 002 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L69780

1. Corporation Name
INTELETEK ENTERPRISES, INC.

Principal Place of Business
2187 N POWERLINE RD
SUITE #6A NW
POMPANO BCH FL 33069

Mailing Address
2187 N POWERLINE RD
SUITE #6A-NW
POMPANO BCH FL 33069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/02/1990	4. FEI Number 65-0251568	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 3195 N. POWERLINE RD	2a. Mailing Address 26 3195 N. POWERLINE RD
Suite, Apt. #, etc. 22 SUITE 112	Suite, Apt. #, etc. 27 SUITE 112
City & State 23 POMPANO BEACH FL	City & State 28 POMPANO BEACH FL
Zip 24 33069	Country 25 USA
Zip 29 33069	Country 30 USA

9. Name and Address of Current Registered Agent STYLES, BRIAN J 2187 N POWERLINE RD SUITE #6A-NW POMPANO BCH FL 33069	10. Name and Address of New Registered Agent 81 Name STYLES, BRIAN J 82 Street Address (P.O. Box Number is Not Acceptable) 3195 N. POWERLINE RD 83 SUITE 112 84 City POMPANO BEACH FL 85 Zip Code 33069
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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. (NO/E. Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STYLES, BRIAN J.	1.2 NAME	
STREET ADDRESS	2000 NW 34TH AVE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	COCONUT CREEK FL 33066	1.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STYLES, BRIAN J.	2.2 NAME	
STREET ADDRESS	2000 NW 34TH AVE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	COCONUT CREEK FL 33066	2.4 CITY-STATE-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-STATE-ZIP		3.4 CITY-STATE-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-STATE-ZIP		4.4 CITY-STATE-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-STATE-ZIP		5.4 CITY-STATE-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-STATE-ZIP		6.4 CITY-STATE-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 acknowledgment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)