

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L89728 (4)
1. Corporation Name
DARTEL TELECOMMUNICATIONS, INC.

Principal Place of Business
5621 HALF MOON LAKE ROAD
TAMPA FL 33625-1308
US

Mailing Address
5621 HALF MOON LAKE ROAD
TAMPA FL 33625-1308
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 3101 PORT ROYALE BLVD
22 Suite Apt. #, etc. 813
23 City & State FT. LAUDERDALE, FL
24 Zip 33308 25 Country US

2a. Mailing Address
26 3101 PORT ROYALE BLVD
27 Suite Apt. #, etc. 813
28 City & State FT. LAUDERDALE, FL
29 Zip 33308 30 Country US

3. Date Incorporated or Qualified 07/24/1990 3a. Date of Last Report 02/07/1996
4. FEI Number 59-3021419 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

REPETA, DAVID A/
5621 HALF MOON LAKE ROAD
TAMPA FL 33625

10. Name and Address of New Registered Agent

81 Name SAME
82 Street Address (P.O. Box Number is Not Acceptable) 3101 PORT ROYALE BLVD, SUITE 813
83
84 City FT. LAUDERDALE FL 85 Zip Code 33308

11. Pursuant to the provisions of Sections 607.0505 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DAVID A. REPETA / PRES.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/15/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
P	REPETA, DAVID A.	5621 HALF MOON LAKE ROAD	TAMPA FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P		3101 PORT ROYALE BLVD, SUITE 813	FT. LAUDERDALE, FL 33308-7860	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

np 7/22/97

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****165.00 ****165.00

14. I do 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 in an attachment to an address.

SIGNATURE: DAVID A. REPETA / PRES 7/15/97 (954) 776-4775

CR2E034 (4/97)