

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 28 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M55689 (7)

1. Corporation Name

TELACOM CORPORATION

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
5434 GRAND PARK PLACE BOCA RATON FL 33486		5434 GRAND PARK PLACE BOCA RATON FL 33486	
2. Principal Place of Business		2a. Mailing Address	
21 2936 N.W. BANYAN BLVD. CIR.		26 2936 N.W. BANYAN BLVD. CIR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23 BOCA RATON, FLORIDA		28 BOCA RATON, FLORIDA	
Zip		Zip	
24 33431		29 33431	
Country		Country	
25 U.S.A.		30 U.S.A.	

3. Date Incorporated or Qualified	3a. Date of Last Report
07/16/1987	10/05/1994
4. FEI Number	Applied For
59-2824104	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
☒ Yes ☐ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GERARDI, JOSEPH 5434 GRAND PARK PLACE BOCA RATON FL 33486		B1 Name	
		B2 Street Address (P.O. Box Number is Not Acceptable)	
		2936 N.W. BANYAN BLVD. CIR.	
		B3	
		B4 City	
		BOCA RATON	
		FL	
		B5 Zip Code	
		33431	

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

(NOTE: Registered Agent signature required when consolidating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	☒ Change ☐ Addition
NAME	GERARDI, JOSEPH	1.2 NAME	
STREET ADDRESS	2245 SW 11 PLACE	1.3 STREET ADDRESS	2936 N.W. BANYAN BLVD. CIR.
CITY - ST - ZIP	BOCA RATON FL	1.4 CITY - ST - ZIP	BOCA RATON, FL 33431
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	GERARDI, JOSEPH	2.2 NAME	
STREET ADDRESS	2245 SW 11 PLACE	2.3 STREET ADDRESS	2936 N.W. BANYAN BLVD. CIR.
CITY - ST - ZIP	BOCA RATON FL	2.4 CITY - ST - ZIP	BOCA RATON, FL 33431
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

Joseph C. Northing

4/24/95

907-989-0509

SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR

Date

Telephone Number