

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 PM 6: 12

DOCUMENT # **M63224** (3)

1. Corporation Name
976 INFOTELE, INC.

| | |
|--|---|
| Principal Place of Business 10021 PINES BLVD C201 PEMBROKE PINES FL 33024 US | Mailing Address 10021 PINES BLVD. C201 PEMBROKE PINES FL 33024 US |
|--|---|

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 3. Date Incorporated or Qualified 12/03/1987 | 3a. Date of Last Report 02/23/1994 |
| 4. FEI Number 65-0100726 | Applied For 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 has liability for intangible tax under §. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|--|
| 2. Principal Place of Business 21 | 2a. Mailing Address 25 |
| Suite, Apt. #, etc. 22 C 204 | Suite, Apt. #, etc. 27 C 204 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 30 |

9. Name and Address of Current Registered Agent
**FIOCCO, LYNNE
10021 PINE BLVD
C201
PEMBROKE PINES FL 33024**

| | |
|---|-----------------------------|
| 81 Name Flocco Lynne | 85 Zip Code 33330 |
| 82 Street Address (P.O. Box Number is Not Acceptable) 6200 SW 136 AVE | |
| 83 Ft Lauderdale FL | |
| 84 City FL | |

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 *Lynne Fiocco*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--|--|
| TITLE PD | 1. TITLE PD |
| NAME FIOZZO, DAVID | 2. NAME Fiozzo David |
| STREET ADDRESS 11341 NW 16TH CT. | 3. STREET ADDRESS 6200 SW 136 AVE |
| CITY, ST, ZIP PEMBROKE PINES FL | 4. CITY, ST, ZIP Ft Lauderdale FL 33330 |
| TITLE S | 21. TITLE S |
| NAME F | 22. NAME Fiocco Lynne |
| STREET ADDRESS | 23. STREET ADDRESS 6200 SW 136 AVE |
| CITY, ST, ZIP | 24. CITY, ST, ZIP Ft Lauderdale FL 33330 |
| TITLE | 31. TITLE |
| NAME | 32. NAME |
| STREET ADDRESS | 33. STREET ADDRESS |
| CITY, ST, ZIP | 34. CITY, ST, ZIP |
| TITLE | 41. TITLE |
| NAME | 42. NAME |
| STREET ADDRESS | 43. STREET ADDRESS |
| CITY, ST, ZIP | 44. CITY, ST, ZIP |
| TITLE | 51. TITLE |
| NAME | 52. NAME |
| STREET ADDRESS | 53. STREET ADDRESS |
| CITY, ST, ZIP | 54. CITY, ST, ZIP |
| TITLE | 61. TITLE |
| NAME | 62. NAME |
| STREET ADDRESS | 63. STREET ADDRESS |
| CITY, ST, ZIP | 64. CITY, ST, ZIP |

| |
|--|
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I, the undersigned, certify that the information furnished 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 included in 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. 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 as an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-95
305-680-9000