

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M63224** (3)

1. Corporation Name  
**976 INFOTELE, INC.**



Principal Place of Business: **10021 PINES BLVD C204 PEMBROKE PINES FL 33024 US**  
Mailing Address: **10021 PINES BLVD. C204 PEMBROKE PINES FL 33024 US**

3. Date Incorporated or Qualified: **12/03/1987**  
3a. Date of Last Report: **03/28/1995**  
4. FEI Number: **65-0100726**  
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 has liability for intangible tax under s 199.032, Florida Statutes:  Yes  No

21. Principal Place of Business: Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country

9. Name and Address of Current Registered Agent  
**FIOCCO, LYNNE  
6200 SW 136 AVE  
FT. LAUDERDALE FL 33330**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
FL 85 Zip Code

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
 1. TITLE: PD  
 2. NAME: FIOCCO, DAVID  
 3. STREET ADDRESS: 6200 SW 136 AVE  
 4. CITY-ST-ZIP: FT. LAUDERDALE FL  
 5. TITLE: S  
 6. NAME: FIOCCO, LYNNE  
 7. STREET ADDRESS: 6200 SW 136 AVE  
 8. CITY-ST-ZIP: FT. LAUDERDALE FL  
 9. TITLE: [ ] DELETE  
 10. NAME: [ ] DELETE  
 11. STREET ADDRESS: [ ] DELETE  
 12. CITY-ST-ZIP: [ ] DELETE  
 13. TITLE: [ ] DELETE  
 14. NAME: [ ] DELETE  
 15. STREET ADDRESS: [ ] DELETE  
 16. CITY-ST-ZIP: [ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 1. 1 TITLE: [ ] Change [ ] Addition  
 2. 12 NAME: [ ] Change [ ] Addition  
 3. 13 STREET ADDRESS: [ ] Change [ ] Addition  
 4. 14 CITY-ST-ZIP: [ ] Change [ ] Addition  
 5. 2. 1 TITLE: [ ] Change [ ] Addition  
 6. 2. 2 NAME: [ ] Change [ ] Addition  
 7. 2. 3 STREET ADDRESS: [ ] Change [ ] Addition  
 8. 2. 4 CITY-ST-ZIP: [ ] Change [ ] Addition  
 9. 3. 1 TITLE: [ ] Change [ ] Addition  
 10. 3. 2 NAME: [ ] Change [ ] Addition  
 11. 3. 3 STREET ADDRESS: [ ] Change [ ] Addition  
 12. 3. 4 CITY-ST-ZIP: [ ] Change [ ] Addition  
 13. 4. 1 TITLE: [ ] Change [ ] Addition  
 14. 4. 2 NAME: [ ] Change [ ] Addition  
 15. 4. 3 STREET ADDRESS: [ ] Change [ ] Addition  
 16. 4. 4 CITY-ST-ZIP: [ ] Change [ ] Addition  
 17. 5. 1 TITLE: [ ] Change [ ] Addition  
 18. 5. 2 NAME: [ ] Change [ ] Addition  
 19. 5. 3 STREET ADDRESS: [ ] Change [ ] Addition  
 20. 5. 4 CITY-ST-ZIP: [ ] Change [ ] Addition  
 21. 6. 1 TITLE: [ ] Change [ ] Addition  
 22. 6. 2 NAME: [ ] Change [ ] Addition  
 23. 6. 3 STREET ADDRESS: [ ] Change [ ] Addition  
 24. 6. 4 CITY-ST-ZIP: [ ] Change [ ] Addition

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 119.07(3)(k), 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: **David Fiocco** 1-18-96 954-680-5000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)