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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 24 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M92791

(6)

TELMAK ENTERPRISES, INC.

Principal Place of Business		Mailing Address	Mailing Address			
C/O ANTHONY EJK. JR. 22650 8.W. 147 AVE GOULDS FL 33170		C/O ANTHONY EJK. JR. 22650 S.W. 147 AVE GOULDS FL 33170-6105				
		US				3. Date Incorporated or Qualified
2. Principal Pi	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For
Sulte, Apt.	# A10	Suite Apt # etc	Suite, Apt. #, etc.			65-0096780 Not Applicable \$8.75 Additional
22	#, etc.		27			5. Certificate of Status Desired Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution
Žip	Country	Ζιρ	Country			8. This corporation has liability for intangible tax under s. 199.032,
24	25 9. Name and Address of Curre	nt Registered Agent	30	ı		Florida Statutes Yes No 10. Name and Address of New Registered Agent
EIV	, ANTHONY JR.	ill registered Agent	w	81	Name	
	50 S.W. 147 AVE			82	Ctroot	Address (P.O. Box Number is Not Acceptable)
	JLD\$ FL 33170			82	Sireet	Address (F.O. Box Number is Not Acceptable)
				63		
				84	City	85 Zip Code
		00 1007 4000 First Oct		Ш		FL 00 217 Cook
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 register 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 registere agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, F	iorida Stal	tutes	i.	
SIGNATURE	Signature, typed or printed name of registered a	gent and tile if applicable (NO	1E: flegistere	d Age	ni signature	e required when reinstating) DATE
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE		1.1 TITLE		Change Addition
NAME	EJK, ANTHONY JR.			AME		
STREET ADDRESS	22650 S.W. 147 AVE GOULDS FL			1.3 STREET /		
CITY-ST-ZIP TITLE	VD VD	DELETE		1.4 CITY - ST 2.1 TITLE		Change Addition
NAME	EJK, MELANIE A.			2.2 NAME		
STREET ADDRESS	22650 S.W. 147 AVE		2.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP	GOULDS FL		2. 4 CITY-S1-ZiF		ST-ZIP	
TITLE	\$10	DELETE	3.1 T	131E		Change Addition
NAME	ejk, kathleen j.		3.2 NAME			
STREET ADDRESS			3. 3 S	TREET	ADDRESS	
CITY-ST-ZIP				3.4. CITY - ST - ZIP		C Obassa C Addition
TITLE	1	DELETE	4.1 7			Change Addition
NAME			4. 2 NAME 4.3 STREE		ADDOLO0	
STREET ADDRESS						
CITY-ST-ZIP TITLE		DELETE	4.4 CHY-5 5.1 TITLE		1.511	Change Addition
NAME			5 2 N			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				HY-S		
TITLE		☐ DELETE	6.1 T	ITLE		Change Addition
NAME			6.2 N	JMAI		
STREET ADDRESS			6.3 \$	IREET	ADDRESS	

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 on an attachment with an address.