

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90108 019 ***150.00

DOCUMENT # M92791

1. Corporation Name

TELMAK ENTERPRISES, INC.

Principal Place of Business

C/O ANTHONY EJK. JR.
22650 S.W. 147 AVE
GOULDS FL 33170

Mailing Address

C/O ANTHONY EJK. JR.
22650 S.W. 147 AVE
GOULDS FL 33170-6105
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1988

4. FEI Number

65-0096780

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 the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Lora Brewer
Suite, Apt. #, etc.

22 City & State

27 30370 Old Dixie Hwy #256
City & State

23 Zip

Country

28 Homestead
Zip

Country

24

25

29 33030

30

USA

9. Name and Address of Current Registered Agent

EJK, ANTHONY JR.
22650 S.W. 147 AVE
GOULDS FL 33170

10. Name and Address of New Registered Agent

81 Name

Lora D. Brewer

82 Street Address (P.O. Box Number is Not Acceptable)

424 NW 19 St.

83

84 City

Homestead

FL

85 Zip Code

33030

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

Lora D. Brewer Vice-President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/99

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME EJK, MELANIE A.
STREET ADDRESS 22650 S.W. 147 AVE
CITY-ST-ZIP GOULDS FL

TITLE VSD ☐ DELETE

NAME BREWER LORA D
STREET ADDRESS 424 NW 19TH STREET
CITY-ST-ZIP HOMESTEAD FL 33030

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: Lora D. Brewer LORA D. BREWER 1/12/99 (305) 245-5723

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

12/4433