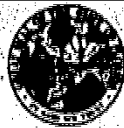


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 10 PM 1:16

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # M94379 (8)
1. Corporation Name
ANSWER TEL, INC.

Principal Place of Business Mailing Address
**1235 N ORANGE AVE
202
ORLANDO FL 32810
US** **1235 N. ORANGE AVENUE
SUITE 202
ORLANDO FL 32804
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/16/1988** 3a. Date of Last Report **04/26/1994**
4. FEI Number **59-2801532** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**BENNETT, CAMERON G.
11007 SCHOONER WAY
WINDERMERE FL 32786
34786**

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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BENNETT, CAMERON G.
STREET ADDRESS	11007 SCHOONER WAY
CITY - ST - ZIP	WINDERMERE FL
TITLE	SD
NAME	BENNETT, PAMELA G.
STREET ADDRESS	11007 SCHOONER WAY
CITY - ST - ZIP	WINDERMERE FL
TITLE	VD
NAME	BENNETT, JAMES G.
STREET ADDRESS	2834 MIDSUMMER DR.
CITY - ST - ZIP	WINDERMERE FL
TITLE	TD
NAME	BENNETT, GERALDINE D.
STREET ADDRESS	2834 MIDSUMMER DR.
CITY - ST - ZIP	WINDERMERE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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	James G. Bennett
3.3 STREET ADDRESS	Oceans IV, Suite 21C5
3.4 CITY - ST - ZIP	3003 South Atlantic Ave. Daytona Bch. Shores, FL 32118
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	200 AMBRINGTON CT.
4.3 STREET ADDRESS	LONGWOOD, FL 32779
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 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; that the receiver or trustee empowered to execute this report as required by Chapter 907, Florida Statutes; and that my name appears in Block 12 or 13 of this report, if changed, or on an attachment with an addendum.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/95

407.895-8160