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Jun 29, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P25371
 1. Corporation Name
TALLA-COM, TALLAHASSEE COMMUNICATIONS INDUSTRIES, INC.

Principal Place of Business 1720 WEST PAUL DIRAC DR. TALLAHASSEE FL 32310	Mailing Address 1720 WEST PAUL DIRAC DR. TALLAHASSEE FL 32310
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/27/1989	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 22-2974315	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

PHILLIPS, S. JAMES
 1720 W. PAUL DIRAC DR.
 TALLAHASSEE FL 32310

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	PERESS, YEHUDA	
STREET ADDRESS	1720 WEST PAUL DIRAC DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PHILLIPS, JAMES	
STREET ADDRESS	1720 W. PAUL DIRAC DR.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BEN-SHALOM, YOSHI	
STREET ADDRESS	26 HASHOFTM STREET P.O. BOX 267	
CITY-ST-ZIP	HOLON IS	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ADAN, ISRAEL	
STREET ADDRESS	350 FIFTH AVENUE, SUITE 1295	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GAON, BENJAMIN	
STREET ADDRESS	26 HASHOFTM STREET P.O. BOX 267	
CITY-ST-ZIP	HOLON IS	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HERMONI, HEZI	
STREET ADDRESS	26 HASHOFTM STREET P.O. BOX 267	
CITY-ST-ZIP	HOLON IS	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Director
3.3 STREET ADDRESS	Lior Almagor
3.4 CITY-ST-ZIP	26 Hashoftm Street P.O. Box 267 Holon, IS
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Director
4.3 STREET ADDRESS	Ze'ev Kowalski
4.4 CITY-ST-ZIP	26 Hashoftm Street P.O. Box 267 Holon, IS
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Director
5.3 STREET ADDRESS	David Cohen
5.4 CITY-ST-ZIP	26 Hashoftm Street P.O. Box 267 Holon, IS
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: James Phillips **REQUIRED** PHILLIPS 5/12/99 (850) 580-0406

Date Daytime Phone #

CR2E034 (1/198)