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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999	COO WE OF
DOCUMENT #	P93000002219

1. Corporation Name

E. & H. TEL, INC.

Principal Place of Business

KESSLER, HAROLD

Mailing Address

2651 S. GOURSE DR. SLITE 109

POMPANO BEACH FL 33069

2651 S. COURSE DR. SUITE 109 POMPANO BEACH FL 33069 Mailing Address 2a. Principal Place of Business

2. Principal Place of Business	26
21	Suite, Apt. #, etc.
Suite, Apt. #, etc.	27
22	City & State
City & State	28 Country
23 Country	Zip
Zip	29 30
24 Name and Address of C	urrent Registered Agent 81
24 25 9. Name and Address of C	urrent Registered Agent

10. Name and Address of New Registered Agent Name 81 Street Address (P.O. Box Number is Not Acceptable)

82 83

Trust Fund Contribution

Personal Property Tax.

8. This corporation owes the current year Intangible

FIREWALL HE THIS WAY BEAU BEIN BONN BONN HOW HOW HOW DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/04/1993 Applied For 4. FEI Number Not Applicable 65-0377689 \$8.75 Additional Fee Required 5. Certifcate of Status Desired \$5.00 May Be 6. Election Campaign Financing Added to Fees

□ No

Yes

FILED

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90113 022 ***150.00

2651 S. COURSE DR. Zip Code SUITE 109 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.

	607 0502 and 607.1508, Florida Statutes,	the above-named corporation	's board of directors. I hereby	A accept the opposit	{
11. Pursuant	to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, begistered agent, or both, in the State of Florida. Such change was author and accept the obligations of, Section 607.0505. Florida in familiar with, and accept the obligations of, Section 607.0505.	Statutes.		·	\ <u>_</u>
office or n	graterial and accept the obligations on			DATE	RS IN 12
- CALATUSE	(NOTE: Re		ADDITIONS/CHANGES	TO OFFICERS AND DIRECTOR	Addition
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Ref	13	71001	Conservation	
12.	OFFICERS AIRS OF DELETE	1.1 TITLE			
TITLE	- vτ - · · ·	1.2 NAME			Į.
NAME	KESSLER, HAROLD	1.3 STREET ADDRESS			Addition
STREET ADDRESS	2651 S. COURSE UK., STE. 108	1.4 CITY-ST-ZIP		☐ Change	
CITY-ST-ZIP	POMPANO BEACH FL DELETE	2.1 TITLE)
TITLE	P	2.2 NAME			
NAME	KESSLER, ELAYNE	2.3 STREET ADDRESS	•		- Addition
STREET ADDRES	I A ACHIDGE HK SIF. IUS	2.4 CITY-ST-ZIP		☐ Change	Addition
1	POMPANO BEACH FL DELETE	3.1 TITLE			į
CITY-ST-ZIP	1 Omi invo	3.2 NAME			
TITLE		3.3 STREET ADDRESS		·	
NAME		3.4. CITY-ST-ZIP		Change	Addition
STREET ADDRE	SS DELETE	4.1 TITLE	_		
CITY-ST-ZIP	L) Octob	4.2 NAME			
TITLE		4.3 STREET ADDRESS			
NAME		•		Chang	e Addition
STREET ADDR		4.4 CITY-ST-ZIP 5.1 TITLE		<u> </u>	•
CITY-ST-ZIP	DELETE	5.2 NAME	i		
TITLE	\	5.3 STREET ADDRESS			
NAME	1			Chan	e Addition
STREET ADDI	RESS	5.4 CITY-ST-ZIP 6.1 TITLE		Consul	, <u> </u>
CITY-ST-ZIP	☐ DELETE	4			
TITLE		6.2 NAME			
l	(A 3 STREET ADDRESS			

6.3 STREET ADDRESS 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information of the 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 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 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 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 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 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 indicated on this annual report of 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 indicated on this 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 indicated on this 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 indicated on this 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 indicated on this annual report of the correction of NAME STREET ADDRESS CITY-ST-ZIP officer or director of the col Block 12 or Block 13 if cha

SIGNATURE: