

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

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May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000006001**

1. Corporation Name

TOTAL TELECOM AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
8222 Wiles Road Suite 223 Coral Springs, FL 33067	8222 Wiles Road Suite 223 Coral Springs, FL 33067

3. Date Incorporated or Qualified 01/26/1993	3a. Date of Last Report 05/01/96
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2. Principal Place of Business 21 7950 W. McNab Road Suite, Apt. #, etc. 22 Bldg. 10, #312 City & State 23 Tamarac, FL Zip 24 33321	2a. Mailing Address 25 7950 W. McNab Road Suite, Apt. #, etc. 26 Bldg. 10, #312 City & State 27 Tamarac, FL Zip 28 33321 Country 29 U.S.A.	4. FEI Number 65-0382375 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

BRINNON, B. RONALD
8222 Wiles Rd., Suite 223
Coral Springs, FL 33067

10. Name and Address of New Registered Agent

81 Name Brinnon, B. Ronald	82 Street Address (P.O. Box Number is Not Acceptable) 7950 W. McNab Road	83 Bldg. 10, #312	84 City Tamarac	85 State FL	86 Zip Code 33321
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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: *B. Ronald Brinnon* **B. Ronald Brinnon, President** **04/28/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PSTD	<input type="checkbox"/> DELETE	1.1 TITLE PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRINNON, B. RONALD		1.2 NAME BRINNON, B. RONALD	
STREET ADDRESS 8222 Wiles Rd., Suite 223		1.3 STREET ADDRESS 7950 W. McNab Road, Bldg. 10, #312	
CITY- ST- ZIP Coral Springs, FL		1.4 CITY- ST- ZIP Tamarac, FL 33321	
TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

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5/8/97

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.

SIGNATURE: *B. Ronald Brinnon* **4/28/97 (954) 720-2903**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
B. RONALD BRINNON

CR2034 (9/96)