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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P93000008869 (8) **DOCUMENT #** 1. Corporation Name

NATIONAL TELESIS, INC.



Principal Plac	ce of Business	Mailing Addre	Mailing Address				s saurrasi ria iaide cirin sariri dariri adriti dariti daribi darat farat falia talifa talifa (dit fali				
7061 W CC SUITE SK TAMARAC	DMMERCIAL BLVD FL 33319	7061 W COMMERCIAL BLVD SUITE 5K TAMARAC FL 33319									
							Date Incorporated or Qualified 02/04/1993		e of Last   <b>08/03/1</b> 9		
	Place of Business	F7	2a. Mailing Address				4. FEI Number Applied For				
Suite, Apt. #, etc.		26	· · · · · · · · · · · · · · · · · · ·				<b>65-0247169</b> Not Applicable				
22 Suite, Apr	t. #, etc.	<u></u> ⊢¬	Suite Apt. #, etc.				Certificate of Status Desired			5 Additional	
City & Sta	ate	City & Sta			<del></del> .		First O			Required	
23	•••	28				Ь.	Election Campaign Financing Trust Fund Contribution			00 May Be	
Zip	Country	Country							ed to Fees		
24	25	<u>├</u> ──┐			Country  8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No					5 189.032,	
	g. Name and Address of Curr			·			10. Name and Address of New Registered Agent				
				81	Name						
SHIPP,	, LARRY G. JR			82	Stroot Ac	Hatroon (P	O. Box Number is Not Accepta	thio!			
7061 V	N COMMERCIAL BLVD		5000			JOI 622 (i	o. Dox Hamber is Not Accepts	iole)			
Suite				83							
TAMAF	RAC FL 33319			84	City			<del></del>	1		
					,			FL	_	ip Code	
11. Pursuani	t to the provisions of Sections 607.05 ered agent, or both, in the State of Fl	02 and 607.1508, Flo	rida Statutes, the at	ove r	named corp	poration s	ubmits this statement for the p	urpose of ch	anging its	registered office	
familiar v	with, and accept the obligations of, Se	ection 607.0505, Floric	as authorized by the da Statutes.	corp	oration's be	oard or <del>o</del>	rectors. I hereby accept the ap-	pointment as	s registere	d agent Tam	
SIGNATURE											
40	Signature, typed or printed ratios of registers as		(N.) IF Fregules		1 Su salara reky	Head Whys re		DATE			
12. Trille	STD OFFICERS A	ND DIRECTORS	ELETÉ 1.1				ADDITIONS/CHANGES TO OF				
NAME	SIMON, ED	<b>X</b>	<b>I</b>	TITLE	لي	ノ	1 1		Change .	75	
STREET ADDRESS	TOOL IN COMMERCIAL BUT	fD #5K		NAME	<u></u>	ૂૠ√્	P.L-and	i Blut	115	<del>C</del>	
CITY-ST-ZIP	TAMARAC FL 33319	D #511					CV COMMERCE	1 2101	, 4,		
Tatle	174114110120010			CITY - S TITLE	1 · ZIP	(Ca. 1)	aicc, \$133	17	Change	Addition	
NAME		L.,1 ~		NAME		έ.	3 Dunda		Change	Addition	
STREET ADDRESS					ADDRESS C	->}u(j.	p, mananer	5 [ B]	1/45	1	
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TITLE				TITLE	1.20		MACIFIED-	3 21 1	Change	☐ Addition	
NAME		_		NAME				'			
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CITY - ST - ZIP			1	CHTY - S							
TITLE				TITLE					Change	☐ Addition	
NAME			4.21	NAME					_	_	
STREET ADDRESS			43	STREE!	ADDRESS					:	
CITY - ST - ZIP				DITY-S	- 719						
TITLE			ELETE 5.1	TITLE			William		Change	☐ Addition	
NAME			5.21	NAME							
STREET ADDRESS			53	STHEET	ADDRESS						
CITY-ST-ZIP				CHIY-S	T - ZIP						
TiTLE				TITLE				Ī	Change	☐ Addition	
NAMÉ			621	VAM:	İ						
STREET ADDRESS			635	STREET	ADDRESS						
CITY-ST-ZIP	<u> </u>	····	6.4 (	CITY-S	1 - 24F						

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. Ffurther 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 enipowered 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 ongo attachment with an address.

4.29.94. 94.

SIGNATURE: \_\_

SIGNATURE AND TAPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)