PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **P93000015386**1. Corporation Name

TEELING ENTERPRISES, INC.

		·												
Principal Place	e of Business		M	ailing Address	•									
2141 MAIN STR	REET			31 CARLOS DR.										
SUITE J			DU	JNEDIN FL 34698						DO NOT WRI	TE IN THIS	SPACE		
DUNEDIN FL 34	1698							ŀ	2	Date Incorporated or Qualifed	- 11	OF AGE		
บร										02/22/1993				
2. Principal Pl	lace of Business	<u></u>	2a.	. Mailing Address						FEI Number				lied For
21	<u> </u>	<u></u>	26	<u>*</u>	-	. .				<u>59-3165129</u>		;=- <u>.</u>		Applicable
Suite, Apt.	#, etc.		\vdash	Suite, Apt. #, etc.				Ì	5.	Certifcate of Status Desired				Iditional
22			27							······································			e Req	
City & State	City & State City & State									Election Campaign Financing				lay Be
23	28					Country				Trust Fund Contribution			led to	rees
Zip	_	Country	Н	Zip		ıntry				This corporation owes the curr	ent year Inte	angible ∐Yes	>	I No
24	25		29		30	г				Personal Property Tax. Name and Address of New F	Parintered			2140
	9. Name an	d Address of Current	Kegis	stered Agent		81	l N	lame	10.	Name and Address of New I	reflipteren	agent		
TEEL	LING, HAROLI) J						·	/0	O. Bara Market in New Assessed				
3131 CARLOS DR.						82 Street Addre			SS (P.	O. Box Number is Not Accepta	abie)			
DUN	iedin FL 3469	18				83								
						84	С	City				85	Zip Co	ode
							<u> </u>	-			<u> </u>	بلل		
office or r	trene heretzine	s of Sections 607.0502 or both, in the State of and accept the obligation	Florid	da. Such change was :	authorized	עם כ	the	amed corpor corporation	ration i's bo	submits this statement for the ard of directors. I hereby acce	purpose of ot the appoi	changin ntment a	g its regi	egistered stered
SIGNATURE								nature required w	when re	instating)	DATE			
12.	Signature, typed or p	OFFICERS AND			13.	- Ayen	it sig	Hattare required to		DDITIONS/CHANGES TO OF		D DIRE	CTOF	S IN 12
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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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90036 019 ***150.00