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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000019967 (7)

## FILED Jan 15 1998 8:00am Secretary of State

TELESCO CONSTRUCTION COMPANY INC.						 	848 18318 1844	E 014114 (0#1 /0#1
ĺ								
Principal Place of Business Mailing Address					_	-	###   ##  #   <b>#</b>     #	
6693 COLLINS AVENUE 6693 COLLINS AVENUE								
MIAMI BEACH FL 33141 MIAMI BEACH FL 33141						}		
						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualified		Í
2 Principal 5	Pines of Business	2a. Mailing Address				03/15/1993 4. FEI Number	· · · · ·	A1'15
								Applied For
26       26				<del></del> -		65-0397856		Not Applicable  Additional
22 27						5. Certificate of Status Desired		Required
City & Stat	te	City & State				6. Election Campaign Financing		0 May Be
23		28	28			Trust Fund Contribution		d to Fees
Zìp	Cauntry Zip Co			itry		8. This corporation owes or has paid the cu	rrent year	Intangible
24	25	29	30			Personal Property Tax due June 30.	☐ Yes	□ No
	9. Name and Address of Curren	t Registered Agent		81		10. Name and Address of New Registered	Agent	
TELESCO, THOMAS					Name			Ī
9291 E BAY HARBOR DR				82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
APT 5-A								
BA	NY HARBOR ISLAND FL 33154		[*	83				ļ
				B4	City		85 Zi	p Code
				i	-	F!	<b>-</b>	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Statutes, the above office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes						pration submits this statement for the purpose	of changing	its registered
agent, I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Fl	orida Statu	tes.		or s board or directors. Thereby accept the ap	pointinent a	as registered
SIGNATURE								
	Signature, typed or printed name of registered age			Agen	nt signature require		D DIDEOT	200 111 40
12.	OFFICERS ANI	DELETE	13.	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AN	Change	
NAME				1.2 NAME			<b>0</b> ,,,,,,,,,	, T vocator
STREET ADDRESS	9291 E. BAY HARBOR DRIVE	5.4			ADDDESS			
	BAY HARBOR ISLAND FL 33		1.3 STREET ADD		1			
CITY - ST - ZIP	BAT TIATBOTT TO CAME TE SO	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		-217		Change	Addition
NAME	<b>_</b>		2.2 NAM		1			
STREET ADDRESS			2.3 STREET ADDRESS		ADDRESS :			
CITY - ST - ZIP			2. 4 CITY - ST - ZIP					
TALE				3.1 TITLE			Change	Addition
NAME	<b>_</b>		3 2 NAM	Æ	Ì		•	1
STREET ADDRESS			3.3 STREET ADDRESS		ADDRESS			ľ
CITY-ST-ZIP	3.		3.4. CIT					
TITLE	DELETE 4.1 T		4.1 TITL				Change	Addition
NAME	1		4. 2 NAME		ľ			
STREET ADDRESS			4.3 STREET		ADDRESS			ł
CITY - ST - ZIP			4.4 CIT	4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET A		ADDRESS			
CITY-ST-ZIP			5.4 CITY - S		- ZIP			
TITLE	DELETE 6.1		6.1 TITL	6.1 TITLE			Change	Addition
NAME			6.2 NAN	1E				]
STREET ADDRESS			6.3 STR	EET A	ADDRESS			İ
CITY-SI-ZIP 6.4 ( 14. I hereby certify that the information supplied with this filing does not qualify for the ex-				'-ST		<u> </u>		

4. 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 refort 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 reconstruction 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:

NOWAST SELECTIFIED

1/6/98

305 866 3350