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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DE PARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

P93000033024 (9)

NEVATEL, INC.

SIGNATURE:

Principal Place of Business Mailing Address						, , , , , , , , , , , , , , , , , , , ,	111 98111 98188 11198	
201 COUNT NAPLES FL		201 COUNTRYSIDE DR NAPLES FL 33942						
						3. Date Incorporated or Qualified 05/03/1993	3a. Date of La 06/0	nst Report 5/1995
2. Principa! Pla	ce of Business	2a. Maling Address				4, FEI Number		Applied For
21		26				65-0471965		Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	1 1	3.75 Additional Fee Required
City & State		City & State				6. Election Campaign Financing		5.00 May Be
23		28				Trust Fund Contribution		Added to Fees
Ζφ	Country	Z(p)	-, -			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ✓ Yes ☐ No 1. This corporation has liability for intangible tax under s 199.032, Florida Statutes		
24	25 Same and Address of Curren	29	30		··	Florida Statutes Yes 10. Name and Address of New R		•
	g. Name and Address of Curren	it negistered Agent	81	1-	Name	10. Name and Address of New H	egistereu Agen	
LAND	IOVOE M			1		/DO DE N. S.	1-1	
LAND, JOYCE M 201 COUNTRYSIDE DR			82		Street Addre	ddress (P.O. Box Number is Not Acceptable)		
	S FL 33942		83	Ť				
	· · · · · · · ·		84	+	City		85	Zip Code
				l.			FL	<u> </u>
or registere familiar witt SIGNATURE	ed agent, or both, in the State of Flore n, and accept the obligations of, Sect	da Such change was authorize ion 607,0505, Florida Statutes.	d by the carp	μOI	ration's board	tion submits this statement for the pur if of directors. Thereby accept the appr	ointment as régis	
12.	Signal we ityped or printed name of registarics a just OFFICERS AN		F Registered Age	4)	signatura required	where recent rings ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRE	CTORS IN 12
TITLE	D	DELETE	1 1 10 LE			ADDITIONS OF ANOLS TO OFF	Ch	
NAME	LAND, JOYCE M	San / San	1.2 NAME					· —
STREET ADDRESS	201 COUNTRYSIDE DR		13 STALE	ΙA	ADDRESS			
CITY - ST - ZIP	NAPLES FL 33942		14 CITY -	<u>\$1</u>	- ZIP			
TITLE	VP	DELETE	2 1 TELLE				□ Ch	ange 🔲 agne
NAME	LAND, ROBERT E B		2.2 NAME					
STHEET ADDRESS	201 COUNTRYSIDE DE		2.3 STREE					
CITY-ST-ZIP TITLE	NAPLES FL	DELETE	2.4 CHTY - 3.1 THEF		: ZIP		[Ch	ange 🗍 Addit:on
NAME		L	3.2 NAME				-	
STREET ADDRESS			33 STREE	E1)	ADDRESS			
CITY - ST - ZIP			3 4 CITY -	SI.	- ZIP			
TITLE		☐ DELETE	4 1 TITLE				☐ Ch	ange 🔲 Addition
NAME			4 2 NAME					
STREET ADDRESS			4.3 STREE					
CITY - ST - ZIP TITLE		☐ DELETE	4 4 CiTY - 5 1 THTLE		- ZIF		[] Ch	ange 🗍 Addition
NAME			5 2 NAME					
STREET ADDRESS			5 3 STREE	1.4	ADORESS			
CITY-ST-ZIF			5 4 CITY -		1			
TITLE		DELETE	6 1 समि				☐ Ch	ange 🔲 Addition
NAME		·	6.2 NAME					
\$TREET ADDRESS			6 3 STREE	:EA	ADDRESS			
CITY-ST-ZIP	y certify that the information supplied	with this filing is valuatorily freein	6 4 CITY -			r the exemption stated in Section 119	O7/3/W Elocido	Statutae I fuidhos
certify that	the information indicated on this anni	ual report or supplemental annu	al report is tr	rue	e and accurat	e and that my signature shall have the report as required by Chapter 607, Fl	same legal effec	t as if made under

Robert E. B. Land

ROBERT E. B. LERN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF THE SIGNATURE AND TYPES OF THE SIGNATURE AND THE SIGNATURE AND

CR2E034 (12/95)

Daytime Phone #