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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P93000041616 (2)

TELCO, INC.

Mailing Address Principal Place of Business

FILED Apr 22 1998 8:00am Secretary of State



1450 NW 1ST AVENUE BOCA RATON FL 33432					1450 NW 1ST AVENUE BOCA RATON FL 33432				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/07/1993
2. Principal Place of Business					2a. Mailing Address				4. FEI Number Applied For
21				26					65-0414033 Not Applicable
Suite, Apt. #, etc.			27	_ · · · · · · · · · · · · · · · · · · ·				5. Certificate of Status Desired S8.75 Additional Fee Required	
23	City & State				City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
_	Zip		Country	-	Zip	├	Country		8. This corporation owes or has paid the current year Intangible
24	o Na	25 me en	d Address of Curre	29 ni Regis	stered Agent	30			Personal Property Tax due June 30. Yes No No. Name and Address of New Registered Agent
				in Hogic	olotou Agott		81	Name	
	CUNNING								
1450 NW 1ST AVENUE BOCA RATON FL 33432							82	82 Street Address (P.O. Box Number is Not Acceptable)	
	BUCA RAI	UN FI	L 33432				83		
							L		
							84	City	FL 85 Zip Code
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 Signature, typed or printed harve of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE									ture required when reinstating) DATE
12. OFFICERS AND				ND DIREC	DIRECTORS				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITL	-				□ DELETE	1.1	TITLE		Change Addition
NAX	4E CUN	NINGH	IAM, PR			1.2	NAME		
STR	l l		IST AVENUE			1.3	STREET	ADDRESS	S
*****		A RAT	ON FL 33432		D DELETE		CITY-S	ST-ZIP	
TITL	•		FAAF A		☐ DELETE		TITLE		Change Addition
	MANE GADDIS, JESSE P					2.2 NAME			
STREET ADDRESS 221 W. OAKLAND PARK BL CITY-ST-ZIP FT. LAUDERDALE FL 33302			VD.	J.			ADDRESS	is	
TITL		AUUE	NUALE FL 33302		DELETE		4 CITY- I TITLE	ST-ZIP	☐ Change ☐ Addition
NAL	ŀ						NAME		Contains 2 Acceptain
	EET ADDRESS							ADDRESS	
	7-\$T-ZIP						i. City-		
TITL		• • •			DELET E		THILE		Change Addition
NAM	Œ					4. :	2 NAME		
STR	EET ADDRESS					4.3	STREET	ADDRESS	s
CITY	r-ST-ZIP					4.4	CITY-S	37-21P	
TITL	£				DELETE	5.1	TITLE		☐ Change ☐ Addition
NAN	lE					5.2	NAME		
STR	EET ADDRESS					5.3	STREET	ADDRESS	s
cm	-ST-ZIP					5.4	CITY-S	T · ZIP	
TITL	E				☐ DELETE	6.1	TITLE		☐ Change ☐ Addition
NAM	fE					6.2	NAME		
STR	EET ADDRESS					6.3	STREET	ADORESS	S
	-ST-ZIP			. 30. 20. 5	600		CITY-S		11.0
14.	Indicated on this a	nnual r	eport or supplement	ta⊧annua	il report is true and a	ccurate a	and th	at my sig	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am an as required by Chapter 607, Florida Statutes; and that my name appears in