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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90041 050 ***150.00

DOCUMENT #	D00000044040
DOCUMENT#	P93000041616
1. Corporation Name	1 000000-1010

TELCO, INC.

|--|

Principal Place of Business Mailing Address							
1450 NW 1ST AVENUE 1450 NW 1ST AVENUE BOCA RATON FL 33432 BOCA RATON FL 33432				DO NOT WRITE IN TH	S SPACE		
·	•			3. Date Incorporated or Qualifed 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. Suite, Apt. #, etc. 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State	City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May 8 Added to Fee			
Zip Coui 24 25		Country		This corporation owes the current year I Personal Property Tax.	ntangible ☐ Yes	□No	
9, Name and Add	iress of Current Registered Agent	- [10. Name and Address of New Registere	d Agen <u>t</u>		
CUMMINGHAM D.D.		81	Name		•		
CUNNINGHAM, P R 1450 NW 1ST AVENUE BOCA RATON FL 33432		82	82 Street Address (P.O. Box Number is Not Acceptable)				
		83				<u> </u>	
		84	City	F	85 2	Zip Code	

agent, i a	iii laililliai witti, and accept the obligations of, Section	1 007.0303, 1 10170	a Olaidios.					
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	e. (NOTE: Re	egistered Agent signature requ	uired when reinstating)	DATE			
12.					ANGES TO OFFICERS AF	OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELÉTE	1.1 TITLE		,	Change	Addition	
NAME	CUNNINGHAM, P R		1.2 NAME		•			
STREET ADDRESS	1450 NW 1ST AVENUE		1.3 STREET ADDRESS		•			
CITY-ST-ZIP	BOCA RATON FL 33432		1.4 CITY+ST-ZIP			_		
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change	Addition	
NAME ,	GADDIS, JESSE P		2.2 NAME					
STREET ADDRESS	221 W. OAKLAND PARK BLVD.		2.3 STREET ADDRESS			•		
CITY-ST-ZIP	FT. LAUDERDALE FL 33302		2.4 CITY-ST-ZIP					
TITLE	y years y years a y	DELETE	3.1 TITLE	er en	Trade to the first of the second	Change	Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP	,		3.4. CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE			Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP	•		4.4 C/TY-ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition	
NAME			5.2 NAME		ė			
STREET ADDRESS	,		5.3 STREET ADDRESS					
CITY-ST-ZIP	8	•	5.4 CITY+ST-ZIP	•	-			
TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ DELETE	6.1 TITLE			☐ Change	Addition	
NAME	,		6.2 NAME		•			
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			6.4 CITY-ST-ZIP	•				

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 changes or on an attachment with an address, with all other like empowered.

SIGNATURE:

E AND TYPED OR PRINTED NAME OF STORMED OF RECEIOR DIRECTOR