

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

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE

Sandra B. Martin

Secretary of State

State of Florida, et al., G.A. 1993

**DOCUMENT # P93000059131 (1)**

1. Corporation Name

**TEL ENTERPRISES, INC.**

Principal Place of Business

8120 SW 182ND ST  
MIAMI FL 33157

MAILING ADDRESS

8120 SW 182ND ST  
MIAMI FL 33157

SEARCHED  
INDEXED  
FILED  
FEB 17 1995  
STATE OF FLORIDA  
25 FEB 17 PM 3:30

2. Principal Places of Business

21 Date, Apt. #, etc.

26 Mailing Address

22 City & State

27 Date, Apt. #, etc.

23 City & State

28 City & State

24 Zip

29 Country

30 Zip

30 Country

3. Date Incorporated/organized	3a. Date of Last Report
08/24/1993	03/17/1994
4. D.U. Number	
65-0436404	
5. Certificate of Status Desired	
<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7. The corporation has filed, for incomplete tax under S. 1900, a Delinquent Tax Return. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

LINDSAY, THOMAS E  
8120 SW 182ND ST  
MIAMI FL 33157

10. Name and Address of New Registered Agent

811 Name

82 Street Address. P.O. Box Number is Not Acceptable

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.001(1) and 607.008, Florida Statutes, the above named corporation submits the statement for the purpose of changing its 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 and familiar with, and accept the obligations of, Section 607.008, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	D LINDSAY, THOMAS E 8120 SW 182ND ST MIAMI FL 33157	13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS		13.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
CITY, ST, ZIP		13.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	D LINDSAY, JOAN S 8120 SW 182ND ST MIAMI FL 33157	13.4 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS		13.5 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add
CITY, ST, ZIP		13.6 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		13.7 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS		13.8 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
CITY, ST, ZIP		13.9 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		13.10 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS		13.11 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
CITY, ST, ZIP		13.12 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		13.13 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS		13.14 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
CITY, ST, ZIP		13.15 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		13.16 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS		13.17 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
CITY, ST, ZIP		13.18 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		13.19 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS		13.20 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
CITY, ST, ZIP		13.21 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		13.22 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS		13.23 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
CITY, ST, ZIP		13.24 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		13.25 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS		13.26 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
CITY, ST, ZIP		13.27 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		13.28 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS		13.29 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
CITY, ST, ZIP		13.30 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add

14. I hereby certify that the information supplied with this filing is voluntarily furnished and deemed valid for the recordation stated in Section 1194.5(9)(a), Florida Statutes. I further certify that the information indicated on the accompanying annual report is true and accurate and that my signature shall have the same legal effect as if made in writing. That I am an officer or director of the corporation or the receiver of funds employed to file the report required by Chapter 194, Florida Statutes, and that my name appears in Block 1 of the filing form or in an attachment thereto.

SIGNATURE:

THOMAS E. LINDSAY 2/13/95 (803)251-1737  
SIGNATURE AND PRINTED NAME OR SIGNATURE OF MINIMUM OFFICE OR BUREAU CTR