


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

FILED

Apr 29 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000074204 (7)**

1. Corporation Name  
**AUDIOTEL, INC.**

Principal Place of Business  
**P.O. BOX 575  
DEERFIELD BEACH FL 33443**

Mailing Address  
**P.O. BOX 575  
DEERFIELD BEACH FL 33443-0575**



2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Incorporated or Qualified  
**10/20/1993**

3a. Date of Last Report  
**05/01/1996**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLLINS, RICHARD A**  
**487 N.W. 48TH AVENUE**  
**DEERFIELD BEACH FL 33442**

**7040 W. Palmetto Pk. Rd**  
**# 4-125**  
**Boca Raton, FL**  
**33433**

81. 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 607.0502 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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **COLLINS, RICHARD A**  
STREET ADDRESS **487 N.W. 48TH AVENUE**  
CITY - ST - ZIP **DEERFIELD BEACH FL 33442**

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **T S**  
1.3 STREET ADDRESS **Jillann Collins**  
1.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME **D PV**  
STREET ADDRESS **COLLINS, RICHARD A**  
CITY - ST - ZIP **7040 W. Palmetto Pk. Rd**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME **address**  
2.3 STREET ADDRESS **change**  
2.4 CITY - ST - ZIP **7040 W. Palmetto Pk. Rd**

TITLE ☐ DELETE  
NAME **# 4-125**  
STREET ADDRESS **Boca Raton, FL**  
CITY - ST - ZIP **33433**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME **FL 33433**  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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 changed, or on an attachment with an address.

SIGNATURE:  **Jillann Collins**

4/22/97 954-360-4260

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)