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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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P93000075166 (7)

DB TELCO, INC.

	GILFORD NH 03247	Principal Place of Business Mailing Address VILLAGE WEST/6G P.O. BOX 7385 COUNTRY CLUB ROAD COUNTRY CLUB ROAD GILFORD NH 03247 GILFORD NH 03247				
	U\$			3. Date Incorporated or Qualified 10/29/1993	3a. Date of Last Report 05/01/1995	
Principal Place of Business 28. Mailing Address				4. FEI Number	Applied Fo	
26 26 Suite, Apt. #, etc. Suite Apt. #, etc. Suite Apt. # etc.		e, Apt #, etc.		02-0410801	Not Applic	
22]				5. Certificate of Status Desired	S8.75 Additional Fee Required	
)	City & State			6. Election Campaign Financing	\$5.00 May Be	
Country	· · 	Country			Added to Fees	
25	29	Free ray			r intangible tax under s. 199.032, i is	
9. Name and Address of Currer	t Registered Agent			10. Name and Address of New I		
IDDADATIAN AVATELL		81	Name			
C T CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION FL 33324		82 Street Addr		iress (P.O. Box Number is Not Acceptable)		
		83				
		L				
		1 1	,		FI 85 Zip Code	
OFFICERS AND PD		13.	hayne tech use		FICERS AND DIRECTORS IN 12 **Discrete**	
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NAPERVILLE IL 60563	 -					
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25 GILMAN DR.			PEESS 3	66 ENTERVANT RD	21	
GILFORD NH			· C	INPORD, NH 03	246	
D MAUN CHREET	DELFTE	6 1 THILE			☐ Change ☐ Addition	
	IITE SAAK	6.2 NAME				
	11 F 300V		1			
	PD DIBIASO, LAURENCE 25 GILMON DR. GILFORD NH AS TREMPER, RICHARD E 7749 NE 8TH CT BOCA RATON FL D SVENSON, RAY 1733 PARK STREET, SUITE: NAPERVILLE IL 60563 AS FLORIO, NICHOLAS PO BOX 651 N/A BOCA RATON FL VPST DIBIASO, DIANE 25 GILMAN DR. GILFORD NH D MAUK, GILBERT E. 4250 E. CAMELBACK RD, SUPHOENIX AZ	Country Zp	Country Z5 9. Name and Address of Current Registered Agent RPORATION SYSTEM PINE ISLAND ROAD TION FL 33324 83 84 84 85 86 87 88 88 88 88 88 88 88 88	Country 28	Country 27p Country 27p Country 8. This corporation has liability for Florida Statutes 100 Name and Address of Current Registered Agent 10. Name and Address of Current Registered Agent 10. Name and Address of Current Registered Agent 10. Name and Address of New RPORATION SYSTEM PINE ISLAND ROAD TITION FL 33324 81 Street Address (P.O. Biox Number is Not Acceptantion Florida Statutes 100 Name and Address of New RPORATION SYSTEM PINE ISLAND ROAD TITION FL 33324 82 Street Address (P.O. Biox Number is Not Acceptantion Florida Statutes 100 Name and Address of New RPORATION FL 33324 83 Street Address (P.O. Biox Number is Not Acceptantion Florida Statutes 100 Name and Address of New RPORATION FL 33324 83 Street Address (P.O. Biox Number is Not Acceptantion Florida Statutes 100 Name and Address of New RPORATION FL 100 Name and Address (P.O. Biox Number is Not Acceptantion for Name and Address (P.O. Biox Number is Not Acceptantion for Name and Address (P.O. Biox Number is Not Acceptantion for Name and Address (P.O. Biox Number is Not Acceptantion for Name and Address (P.O. Biox Number is Not Acceptantion for Name and Address (P.O. Biox Number is Not Acceptantion for Name and Address (P.O. Biox Number is Not Acceptantion for Name and Address (P.O. Biox Number is Not Acceptantion for Name and Address (P.O. Biox Number is Not Acceptantion for Name and Address (P.O. Biox Number is Not Acceptantion for Name and Address (P.O. Biox Number is Not Acceptantion for Name and Address (P.O. Biox Number is Not Acceptantion for Name and Address (P.O. Biox Number is Not Acceptantion for Name an	

• Lot needy cortry that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b). Florida Statutos, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96 603-804-6123