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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

P93000075166 (7)

DB TELCO, INC.

FILED May 19 1998 8:00am Secretary of State

|--|

Principal Place	e of Business	Mailing Address				EILI (ABAI ALIBI IIDIN NIJIN NIJI INDI
VILLAGE WEST/8G COUNTRY CLUB ROAD GILFORD NH 03247		P.O. BOX 7385 COUNTRY CLUB ROAD GILFORD NH 03247		DO NOT WRITE IN	THIS SPACE	
		U\$			 Date Incorporated or Qualified 10/29/1993 	
	Principal Place of Business 28. Mailing Address				4. FEI Number	Applied For
21 25	25 COUNTRY CAUBRO 26 SAME				02-0410801	Not Applicable
Sulte, Apt.	#, etc. rc 667	Suite, Apt. #, etc.			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 Be Added to Fees
		Zip	Countr	ý	8. This corporation owes or has paid	the current year Intangible
24 03a	46 25 BENKWAP	29	30		Personal Property Tax due June 30	
	9. Name and Address of Current	Registered Agent		1	10. Name and Address of New Regis	tered Agent
C T CORPORATION SYSTEM				Name		
1200 \$ PINE ISLAND ROAD PLANTATION FL 33324			82	Street A	oddress (P.O. Box Number is Not Acceptable)	
			83			
			84	City		85 Zip Code
				<u> </u>	.,	<u> </u>
11. Pursuant office or r agent. Le	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	and 607.1508, Flor ida Sta lute Florida. Such ch <mark>ange was a</mark> ons of, Section 607. 0 505, Flo	es, the abov outhorized b orida Statute	re-named o y the corpo is.	corporation submits this statement for the pur oration's board of directors. I hereby accept t	pose of changing its registered he appointment as registered
SIGNATURE	Di-shi	lazor.			required when reinstating)	DATE
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	leur alguardio i	ADDITIONS/CHANGES TO OFFICER	· · ·
TITLE	PD	DELETE	1111116		DN	Change Addition
NAME	DIBIASO, LAURENCE		1.2 NAME		DIBIASO, LAURENCE 4 BROADVIEW DRIVE	
STREET ADDRESS	366 INTERVANE RD E1		4	T ADDRESS	4 BROADVIEW DRIVE	
CITY-ST-ZIP	GILFORD NH		1.4 CITY -		SAMBORNION, NH O	8869
TITLE	D	DELETE	2.1 TITLE	31 211	5147105141111111111111111111111111111111	Change Addition
NAME	\$VENSON, RAY	_ ====	2.2 NAME	1		
STREET ADDRESS	4700 DADY CYCCET CURTE OCA			T ADDRESS		
CITY-ST-ZIP	NAPERVILLE IL 60563		2.4 CITY-			
TITLE	AS	DELETE	3.1 TITLE	31-211		Change Addition
NAME	FLORIO, NICHOLAS	b_d 9 ac	3.2 NAME			
STREET ADDRESS	PO BOX 651 N/A	. P		T ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		3.4. CITY-	l l		
TITLE	VPST	DELETE	4.1 TITLE		UPST -	Change Addition
NAME	DIBIASO, DIANE		4. 2 NAME		N. D. M. A. DIANE	- —
STREET ADDRESS	366 INTERVALE ROAD, E1			T ADDRESS	4 BRONDIEW DIGIVE	
CITY-ST-ZIP	i dii codo nu		4.4 CITY		SANBORNION, NH OZ	3869
TITLE			5.1 TITLE			Change Addition
NAME	MAUK, GILBERT E.		5 2 NAME	}		
STREET ADDRESS	4250 E. CAMELBACK RD, SUIT	E 300K		T ADDRESS		
CITY-ST-ZIP	PHOENIX AZ		5 4 CITY-			
TITLE		DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP	-		6.4 CITY-	i		

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 changed, or on an attachment with an address.

4-20-00