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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 26 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

P9400002145 (8)

TELCE	NTRAL INC				
Principal Plac	ce of Business	Mailing Address		ı redikedi kir ibini didik bökki bekir bökir fekir	ARIIM ISBAI ISBAI BIARI BIII 1865
7226 W. COLONIAL DRIVE		7226 W. COLONIAL DRIVE			
SUITE 227		SUITE 227			
ORLANDO FL 32778		ORLANDO FL 32778		DO NOT WRITE IN TH	IIS SPACE
				3. Date Incorporated or Qualified	
				01/10/1994	
	Place of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		59-3237078	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		6. Continuate of Status Desired	Fee Required
City & Stat	le	City & State		8. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	[25]		30	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Register	ed Agent
	LMLUND, ROBERT		81 Name		
	18 E.H. POUNDS DR		82 Street Add	ress (P.O. Box Number is Not Acceptable)	7-4-1-1
00	OEE FL 34761				
			83		
			84 City		85 Zip Code
				F	· L
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	es, the above-named corp	poration submits this statement for the purpose	of changing its registered
agent. I a	im familiar with, and accept the obliq	gations of, Section 607,0505, Flo	iutnorized by the corporat irida Statutes.	tion's board of directors. I hereby accept the a	ippointment as registered
SIGNATURE					
	Signature, typed or printed name of registered ag		Registered Agent signature requi	red when reinstating) DAT6	
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HOLMLUND, ROBERT		1.2 NAME		
STREET ADDRESS	2318 E.H. POUNDS DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	OCOEE FL		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			22 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		DELETE	31 TITLE		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 ADORESS			4.3 STREET ADDRESS		
CITY-ST-Z#P	· ***		4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 City-St-ZiP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME		_	62 NAME		The survival The supplies
STREET ADDRESS			6.3 STREET ADDRESS		
CITY- CT- 74P			ON STREET ADDRESS		

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.