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 # P9400004318 (9)

TEL CALL COMMUNICATION INC.

FILED May 04 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address	Mailing Address					
7226 WEST C	OLONIAL DR.	7226 WEST COLONIAL DR.						
ORLANDO FL 32818		ORLANDO FL 32818				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						01/19/1994		
2. Principal Pla	ice of Business	2a. Mailing Address				4. FEI Number Applied	i For	
21		26					plicable	
Suite, Apt. #	, etc.	Suite, Apt #, etc.				5. Certificate of Status Desired Security \$8.75 Addit		
City & State		City & State				ree require		
23)		26				6. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to Fe		
Zip Zip	Country	Zip	Coun			This corporation owes or has paid the current year Intangil		
24	25	29	30	,		Personal Property Tax due June 30. 📝 Yes 🔲 No		
	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
JOI	INSON, VIVIENNE R E			81	Name			
	O EQUESTRIAN LANE			82	Street Address (P.O. Box Number is Not Acceptable)			
	IDERMERE FL 34786					, , , , , , , , , , , , , , , , , , , ,		
				83				
				84	City	85 Zip Code)	
				LJ		 		
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 track of legistered agent and tife diagnocable (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12	
TITLE	P	☐ DELET e	1.1 1(1.1 TITLE		Change	Addition	
NAME	JOHNSON, VIVIENNE E	1.2 h		1.2 NAME				
STREET ADDRESS	4130 EQUESTRAIN LANE	1.3 ST		TREET.	ADDRESS			
CITY-ST-ZIP	WINDERMERE FL 34786	DELETE		1.4 CITY - ST - ZIP			A 4 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
TITLE	VP	238				L_J Change L_	Addition	
NAME	JOHNSON, ARCHIBALD E			2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP				
STREET ADDRESS	4130 EQUESTRAIN LANE							
CITY-ST-ZIP TITLE	WINDERMERE FL 34786	DELETE			1 - ZIP	☐ Change	Addition	
NAME		beert	32 N					
STREET ADDRESS			3.3 STREET ADDRESS		ADDRESS		ļ	
CITY-ST-ZIP			3.4 CITY-ST-ZIP		ŀ		ľ	
TITLE		DELETE	4.1 1			Change	Addition	
NAME	4.3		4. 2 N	4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP			4.4 C	(TY - ST	r-ZIP			
TITLE		DELETE	5 1 TI	TLE		☐ Change ☐	Addition	
NAME			5 2 NAME					
STREET ADDRESS	IESS		5.3 S	5.3 STREET ADDRESS				
CITY-ST-ZIP				4 CITY - ST - ZIP			F W.	
TITLE				1 TITLE		Change	Addition	
NAME			6.2 NAME				ŀ	
STREET ADDRESS			6 3 STREET ADDRESS				ļ	
CITY-ST-ZIP	64		640	ITY-SI	- ZIP	0.00.0000000000000000000000000000000000		

4. 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 is remained 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 for the receiver or trustee ompowers to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or in an adaptivent with an additions.

Shal 20 90 1500 228 NO