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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P9400011710 (8)

DOCUMENT # P94000011710 (8) TELEGROWTH, INC. Principal Place of Business Mailing Address 5020 GUNN HIGHWAY DUTE OF AND PRINCIPAL OF BUSINESS MAILING ADDRESS MAILING ADDR							
SUITE 210 TAMPA FL 33624 US		SUITE 210 Tampa FL 33624 US	TAMPA FL 33624		3. Date Incorporated or Qualified		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	ـــز-ــــنـــــــــــــــــــــــــــــ	Applied For
1		26			APPLIED FOR 59=	3226017	Not Applicable
Suite, Apt.	. #, etc.	Suite Apt. #, etc			5. Certificate of Status Desired	1 1	.75 Additional ee Required
City & Sta	te	City & State			Election Campaign Financing Trust Fund Contribution	1 1 7	5.00 May Be dded to Fees
Zφ	Country	Ziρ	Coun	try	8. This corporation has liability for		·- ····
4]	25	[29]	30			□No	
	9. Name and Address of Current	Registered Agent		31 Name	10. Name and Address of New F	legistered Agent	
WIKINS	SON, BRUCE W., ESQ.				(D.O. O. N. J. S. N.J. A. S. N.J.		
	UNN HIGHWAY		1	Street Add	ddress (P.O. Box Number is Not Acceptable)		
SUITE 2			1	33			
TAMPA	FL 33624		1	34 City		 85	Zip Code
44 5	to the provisions of Sections 607.0502 a	1003 4500 51 14 6				FL "	
rarmilar V	with, and accept the obligations of, Section	on 607.0505, Florida Statutes	real by the cc	prporation's boa	ard of directors. Thereby accept the app	ointment as registe	ered agent. I am
SIGNATURE	•	n 607.0505, Florida Statutes உர்வர் அட்கும் DRECTORS	3	proporation's boa	ard of directors. I hereby accept the app	DATE	CIORS IN 12
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certify that the information indicated on this armual 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 AND TWEE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

4/30/96 (813) 963.7001