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

DOCUMENT #

1. Corporation Name

P94000012956 (6)

TELLO CORPORATION

Principal Place of Business

Mailing Address

136 HARROGATE PLACE LONGWOOD FL 32779 136 HARROGATE PLACE LONGWOOD FL 32779 APPROVED AND FILED

96 JAN 22 PM 2: 09

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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							3. Date Incorporated or Qualified 02/16/1994	3a. Date 0	of t.ast F 1/13/1		
2. Principal Place of Business			2a. Mailing Address			4. FEI Number			Applied For		
21			26				59-3224582			Not Applicable	
Suite, Apt #.	etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required	
Gity & State			City & State			a company representation of the contract	6. Election Campaign Financing		\$5.0	00 May Be	
23							Trust Fund Contribution LJ Added to Fees				
Zip	h h				Country		8. This corporation has liability for intangible tax under s. 199.032,				
24	25		29 30				Florida Statutes Yes No				
Name and Address of Current Registered Agent						Name	10. Name and Address of New Registered Agent				
1E/V B	APEDT I			[31						
LEVY, ROBERT L 136 HARROGATE PLACE					32	Street Add	dress (P.O. Box Number is Not Acceptable)				
LONGWOOD FL 32779					33						
Londin	OOD IL GLIIV										
				8	34	City		FI	85 Z	(ip Code	
11. Pursuant to	the provisions of Sections 607.05	02 and 60	7.1508, Florida Statute	es, the above	<u>.</u> e-n	amed corpo	ration submits this statement for the purp	ose of char	nairia its	registered office	
or registere	d agent, or both, in the State of Flo , and accept the obligations of, Se	onda Such	change was authorize	ed by the co	YOC	oration's boa	ard of directors. I hereby accept the appo	intment as r	egistere	d agent. I am	
	i, and accept the obligations of, oc	CHOIT GOT.	5500, Florida Statutes	٠.							
SIGNATURE .	quaturi, typed or printed nacie of regularies ag	ont avoito é 4 a	pplicatio (NC	It Registered A	 ភូមាវ	t signature require	ad when reinstating)	DATE			
12.	OFFICERS A	ND DIREC		13.			ADDITIONS/CHANGES TO OFF	CERS ALD	or rot	ORBIT 3	
TILE	D		DELETE	1.1 UT	LE		-01/30/	/96 6	989	DOM dition	
NAME.	LEVY, ROBERT L			1.2 NAN	ΑE		****2(00.00	***	×200.00	
STREET ADORESS	136 HARROGATE PLACE			1.3 STR	EET :	ADDRESS					
CHY-S1-ZIP	LONGWOOD FL 32779			1,4 CITY	/-SI	1 - ZIP					
THLE	D		DETER	2 1 111	LE) Change	☐ Addition	
NAME	LEVY, RAYMOND B		E 2?								
STREET ADDIRESS	C/O 136 HARROGATE PL	ACE				ADDRESS					
City St Zie	LONGWOOD FL 32779		·	2.4 CITY	_	T-ZIP		<u>-</u> -			
TITLE	D		DELEJE	3 1 1(1)				[_] Change	☐ Addition	
NAM:	LEVY, NORMAN J	ACE			3 2 NAME						
STREET ADDRESS	C/O 136 HARROGATE PL	AUE		3 3 STA	REET	ADDRESS					
C TY-ST-ZIP	LONGWOOD FL 32779		E-1 proces	3 4 CITY		912-1				C tables	
THE			[_] DEFEIE	4.1717				L] Change	☐ Addition	
NAME				4.2 NAA		Innoces:					
STREET ADDRESS						ADDRESS					
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STREET ADDRESS						ADDRESS					
				5 4 CiTY							
C:1Y -ST - ZIP			LJ DEFEJE	8 1 Juli		1 - 2 rF		Г	Change	Addition	
NAME			<u> </u>	6.2 NAN				<u></u>			
SIRE/ LADDRESS						ADDRESS				ρ .	
C-1Y-SI-Z-P				6 4 C/T						KΝ	
14. I do hereby	certify that the information supply	d with this	filing is voluntarily furn	ished and d	005	s not qualify!	for the exemption stated in Section 119.	07(3)(k), Flori	da Starl	ites. I further	
certify that I cath; that I appears in	the information indicated on this & am an officer or director of the obr Block 12 or Block 13 if changed, c	inual repor poration or er on an att	t or supplemental ann the receiver or truste aghinest with an addi	ual report is e empowere ress.	tru ed t	e and accura to execute th	for the exemption stated in Section 119.0 ate and that my signature shall have the iis report as required by Chapter 607, Flo	same legal e orida Statute	ffect as s; and th	if made under nat my name	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/96 407-862

407-862-5570

CR2E034 (12/95)