

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

FILED

Jan 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000024507 (3)

1. Corporation Name
MEDLEY INTERNATIONAL TELEPORT, INC.

Principal Place of Business 4611 S. UNIVERSITY DRIVE SUITE 103 DAVIE FL 33328 US	Mailing Address 4611 S. UNIVERSITY DRIVE SUITE 103 DAVIE FL 33328 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/30/1994	4. FEI Number 65-0642210	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

CASSIDY, FRANCIS M
4420 SW 74TH WAY
DAVIE FL 33314

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSIDY, FRANK	1.2 NAME	
STREET ADDRESS	4420 S.W. 74TH WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33314	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSIDY, PHYLLIS J	2.2 NAME	
STREET ADDRESS	4420 SW 74TH WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33314	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSIDY, SHAWN M	3.2 NAME	
STREET ADDRESS	4420 SW 74TH WAY	3.3 STREET ADDRESS	30 NW 110 AVE
CITY-ST-ZIP	DAVIE FL 33314	3.4 CITY-ST-ZIP	PLANTATION FL 33324
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSIDY, GREGORY D	4.2 NAME	
STREET ADDRESS	4611 S. UNIVERSITY DRIVE, #103	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33328	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANKSTON, CHERYL	5.2 NAME	
STREET ADDRESS	10108 SW 13TH ST. #207	5.3 STREET ADDRESS	30 NW 110 AVE
CITY-ST-ZIP	PEMBROKE PINES FL 33025	5.4 CITY-ST-ZIP	Plantation, FL 33324
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:  SIGNATURE REQUIRED

1/16/98 (954) 792-9649

CR2E034 (1097)