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

FILED May 19 1998 8:00am Secretary of State

1. Corporation Name P9400031004 (2)							
TELE-THAINE	ER CONSULTANTS,	INC.				1 48 512 5 12 118 15112 51811 58111	ı ildir dörn geni digi ibbi
Principal Place of Bu	Mailing Addr	Mailing Address			r saariddi isa lasiic mimii adtii ddiiri ddiiri ddiiri ddiiri	1100 000 0 0 1 1 0 1 0 1 0 1 0 0 1	
800 N. FEDERAL HIGHWAY STE. 260 900 N. FEDERAL HIG				Y STE. 260			
BOCA RATON FL 33432 BOCA RATON FL 33432						DO NOT WRITE IN THIS S	SPACE
						3. Date Incorporated or Qualified	
						04/22/1994	
2. Principal Place of	2a. Mailing A	2a. Mailing Address			4. FEI Number	Applied For	
21	26				65-0488265	Not Applicable	
Suite, Apt. #, etc.	h	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing		
23	28	F-11-7			Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country Z _I p		Country		8. This corporation owes or has paid the curr		
24	25	29	30			Personal Property Tax due June 30.	Yes No
	lame and Address of Cur	rent Registered Ager	nt		Г.,	10. Name and Address of New Registered	Agent
FISCHER,				81	Name		
900 N. FEDERAL HIGHWAY STE. 260				82	Street Ad	idress (P.O. Box Number is Not Acceptable)	
N BOCA RATON FL 33432				83			
				03			
•				84	City	FL	85 Zip Code
11. Pursuant to the p	provisions of Sections 607 (ad agent, or both, in the St	0502 and 607.1508, Fl ate of Florida, Such ch	orida Statute	es, the above	e-named co v the corpor	prporation submits this statement for the purpose of ration's board of directors. I hereby accept the app	changing its registered
agent. I am famili	iar with, and accept the ob	digations of, Section 6	0 7.0505 , Flo	orida Statute	S.	,,	
SIGNATURE Shorehute	. Typed or printed name of regellings	Agest and tits of our book in		C. D. Paternal &			
12.	· — · · · · · · · · · · · · · · · · · ·	AND DIRECTORS	INOTE	13.	ent signature red	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE D			DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME FISCHER, JOHN			1.2 NAME				
STREET ADDRESS 900 N. FEDERAL HIGHWAY STE. 260				1.3 STREET ADDRESS			
CITY-ST-ZIP BOCA RATON FL 33432			1.4 CITY-ST-ZIP				
TITLE	☐ DELETE		2.1 TITLE			☐ Change ☐ Addition C	
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET			
CITY-ST-ZIP TITLE DELETE			2.4 CITY-	ST-ZIP		Change I tadition	
NAME			DEECTE	3.1 TITLE 3.2 NAME			☐ Change ☐ Addition
STREET ADDRESS				3.3 STREET	ADDRESS		1
CITY-ST-ZIP				3.4. CITY- S			
TITLE			DELETE	4.1 TITLE	,, <u>r</u> ,,		☐ Change ☐ Addition
NAME				4. 2 NAME	1		
STREET ADDRESS				4.3 STREET	ADDRESS		
CITY-ST-ZIP				4.4 CITY-S	T-ZIP		
TITLE	☐ DELETE		5.1 TITLE			Change Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET	ADDRESS		
CITY-ST-ZIP			OF FTC	5.4 CITY - S	T- ZIP	**************************************	
TITLE			DELETE	6.1 TITLE			Change Addition
NAME OYDEST ADDRESS				6.2 NAME			
STREET ADDRESS				6.3 STREET	1		
CITY-ST-ZIP 14. I hereby certify the	at the information supplied	with this filing does n	ot qualify fo	64 CITY S	t-ZP tion stated i	n Section 119.07(3)(i), Florida Statutes. I further cer	tify that the information

indicated on this armual report or supulcimental arrural roport is frue 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 of the receipter 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 and address.