

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90067 007 ***150.00

DOCUMENT # P94000034783

1. Corporation Name

TELDAR COMMUNICATIONS NETWORK, INC.



Principal Place of Business

Mailing Address

40 NE 7TH AVE
3RD FLOOR
DELRAY BEACH FL 33483
US

40 NE 7TH AVE
3RD FLOOR
DELRAY BEACH FL 33483
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1994

4. FEI Number

65-0486235

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~PULIK, DONNA~~
40 NE 7TH AVE, 3RD FLOOR
~~220 CONGRESS PK DRIVE #195~~
DELRAY BEACH FL 33483

81 Name Donna Michaels

82 Street Address (P.O. Box Number is Not Acceptable)

40 NE 7 Ave, 3rd Fl

83

84 City

Delray Bch

FL

85 Zip Code

33483

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME ~~PULIK, DONNA~~
STREET ADDRESS 40 NE 7TH AVE, 3RD FLOOR
CITY-ST-ZIP DELRAY BEACH FL 33483

DELETE

TITLE D
NAME BANKIER, M A
STREET ADDRESS 4800 NO. FEDERAL HIGHWAY
CITY-ST-ZIP BOCA RATON FL 33431

DELETE

TITLE VP
NAME ROGER, CINDY
STREET ADDRESS 40 NE 7TH AVE, 3RD FLOOR
CITY-ST-ZIP DELRAY BEACH FL 33483

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Donna Michaels

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)