

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 3: 35

DOCUMENT # **P94000056539 (7)**

1. Corporation Name
AFFILIATED TELESIS GROUP, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
600 BYPASS DR SUITE 210 CLEARWATER FL 34624

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **07/26/1994** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 **23494 US Hwy 19 N** 26 **23494 US Hwy 19 N**
Suite, Apt. # etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Clearwater, FL 34625** 28 **Clearwater, FL 34625**
Zip Country Zip Country
24 **34625** 25 **USA** 29 **34625** 30 **USA**

4. FEI Number **59-3257410** 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 has liability for intangible tax under 5 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
BADGER, BERKLEY
600 BYPASS DR
SUITE 210
CLEARWATER FL 34624

10. Name and Address of New Registered Agent
81 Name **TONY R. WOODS**
82 Street Address (P.O. Box Number is Not Acceptable) **11901 4th Street North, Apt 222**
83 **23494 U.S. Hwy 19 North**
84 City **St Petersburg Clearwater FL** 85 Zip Code **34625**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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]* **TONY R. WOODS, CEO** 4/26/95
NOTE: Registered Agent signature required when registering. DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BADGER, BERKLEY C
STREET ADDRESS	324 WESTGATE RD
CITY ST ZIP	TARPON SPRINGS FL 34689
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	CEO + D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	TONY R. WOODS
3. STREET ADDRESS	11901 4th Street North, Apt 222
4. CITY ST ZIP	St Petersburg, FL 33716
7. TITLE	COO + D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
8. NAME	MARK A. BLAKEY
9. STREET ADDRESS	80 SYCAMORE CT
10. CITY ST ZIP	PALM HARBOR, FL 34683
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY ST ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY ST ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY ST ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]* **TONY R. WOODS** 4/26/95 813-799-4418
DATE (Month/Day/Year) TELEPHONE NUMBER