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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P95000009528 (7)

IELEPT	RO, INC.				
Principal Piace	e of Business	Maiting Address		I IOOFFUUL IIU IBIOL BAFAL OBTAF OBAFA ODAFA OBAFA O	
244 SHOPPIN	ig ave	244 SHOPPING AVE			
STE #161		STE #161		DO NOT WRITE IN THIS	e edane
SARASOTA FL 34237 US		SARASOTA FL 34237 US		3. Date Incorporated or Qualified	O OF AUL
-		•		02/01/1995	
2. Principal Pi	lace of Business	2s. Mailing Address		4. FEI Number	Applied For
21		26		65-0553256	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
	8	City & State		6. Election Campaign Financing  Trust Fund Contribution	\$5.00 May Be
Zip	Country	28 Zip	Country	This corporation owes or has paid the circumstance of the cir	Added to Fees
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9, Name and Address of Curre			10. Name and Address of New Registered	
ALI	DRICH, GERARD T		81 Name		
	SHOPPING AVE		82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
	E #161			1000 (1101 001 1101 1101 1101 1101 1101	
	RASOTA FL 34237		83		
			84 City		85 Zip Code
			'	FI FI	L.
11. Pursuant t office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State	ມ2 and 607.1508, Florida Statute ອ of Florida. Such change was ຄ	es, the above-named co authorized by the corpor	orporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	of changing its registered   population as registered
	- Higher		Add 10		(POII
agent. I ar	m familiar with, and accept the oblig	ations of, Section 607.0505, Fig	orida Statutes.		
SIGNATURE					
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable (NOTI	E: Registered Agent signature rec	quirod when reinstating) DATE	
SIGNATURE	Signature, typed or printed name of registered ag-		E: Registered Agent signature rec	quirod when reinstating)  ADDITIONS/CHANGES TO OFFICERS AN	
SIGNATURE	Signature, typed or printed name of registered ago OFFICERS AN	ent and Me if applicable (NOTE	E: Registered Agent signature rec	quirod when reinstating)  ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ago OFFICERS AN	ent and Me if applicable (NOTE	E: Registored Agent signature rec  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS	quired when reinslating)  ADDITIONS/CHANGES TO OFFICERS AN P/D  ALORICH, JAY STEVEN  244 SHOPPING AVE., #161	ID DIRECTORS IN 12
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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.

6.4 CITY-ST-ZIP

2/0/00

(941) 9KI-1922

**FILED** 

Feb 13 1998 8:00am

Secretary of State