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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000013230 (4)

FILED
May 12 1998 8:00am
Secretary of State

TELLO ENTERPRISES, INC. Principal Place of Business Mailing Address 12670 HEADWATER CHICLE' 12670 HEADWATER CIRCLE WELLINGTON FL 33414 WELLINGTON FL 33414 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/16/1995 2a, Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 26 444 444 0-2 65-0654412 Not Applicable Suite Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional Ø 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Green ackes Trust Fund Contribution Added to Fees Country Country This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. Yes Yes g. Name and Address of Current Register 10. Name and Address of New Registered Agent 81 Name ANDERSON, TIMOTHY K 631 US HWY 1 STE 408 82 Street Address (P.O. Box Number is Not Acceptable) N PALM BEACH FL 33408 83 84 City 85 Zip Code 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 egent and lifle if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. CRZE034 (109) 13. DELETE Change L Addition 1.1 TITLE TITLE TARANTELLO, FRANK N II NAME 1.2 NAME 143 NORWICH DR STREET ADDRESS 1.3 STREET ADDRESS **ROCHESTER NY 14624** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP Addition DELETE Change 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition 5.1 TITLE Change TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS 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 supplimental 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 of 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 it changed, or on an attrachment with an adoption.

SIGNATURE:

grafer on