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FILED

Mar 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000026391 (9)

1. Corporation Name

COMTEL SYSTEMS CORPORATION



Principal Place of Business  
POST OFFICE BOX 2322  
LAKE WALES FL 33859-2322

Mailing Address  
POST OFFICE BOX 2322  
LAKE WALES FL 33859-2322

3. Date Incorporated or Qualified 03/30/1995  
3a. Date of Last Report 02/13/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

59-3304363

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHERMAN, KYLE D ESQ.  
244 EAST PARK AVENUE  
LAKE WALES FL 33859

81 Name

CorpAmerica, Inc.

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

1525 South Andrews Avenue

83

Suite 216

84

Fort Lauderdale,

FL

85

Zip Code 33316

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 *Barbara O. Frebert*

Barbara O. Frebert, Asst. Sec.

1/31/97

Signature (Type or print full 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	P	DELETE
NAME	GRIMES, MICHAEL R	
STREET ADDRESS	6801 N. 54TH STREET	
CITY- ST- ZIP	TAMPA FL 33610	
TITLE	VP	DELETE
NAME	NEAL, RICHARD	
STREET ADDRESS	6801 N. 54TH STREET	
CITY- ST- ZIP	TAMPA FL 33610	
TITLE	S	DELETE
NAME	PATTERSON, GILBERT W	
STREET ADDRESS	6801 N. 54TH STREET	
CITY- ST- ZIP	TAMPA FL 33610	
TITLE	T	DELETE
NAME	BORGLUND, TERRY R	
STREET ADDRESS	244 E. PARK AVENUE	
CITY- ST- ZIP	LAKE WALES FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	President/Director	Change	Addition
1.2 NAME	Michael R. Butler		
1.3 STREET ADDRESS	6801 N. 54th Street		
1.4 CITY- ST- ZIP	Tampa, FL 33610		
2.1 TITLE	Vice President	Change	Addition
2.2 NAME	C. Michael Bennett		
2.3 STREET ADDRESS	6801 N. 54th Street		
2.4 CITY- ST- ZIP	Tampa, FL 33610		
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY- ST- ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY- ST- ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY- ST- ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY- ST- ZIP			

14. I do 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.

SIGNATURE: *Terry R. Borglund* Terry R. Borglund, Treasurer 1/13/97 (800)989-7515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)