

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

FILED

Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000027377 (7)
 1. Corporation Name
TELEMONDE COMMUNICATIONS, INC.



Principal Place of Business 321 23RD STREET MARATHON FL 33050 ← DELETE →	Mailing Address 321 23RD STREET MARATHON FL 33050
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2. Principal Place of Business 21 129 AVE A Suite, Apt. #, etc. 22 City & State 23 MARATHON, FL Zip 24 33050 Country 25 MONROE	2a. Mailing Address 26 129 AVE. A Suite, Apt. #, etc. 27 City & State 28 MARATHON, FL Zip 29 33050 Country 30 MARATHON	3. Date Incorporated or Qualified 04/05/1995	3a. Date of Last Report 04/19/1996	4. FEI Number 65-0574462	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

g. Name and Address of Current Registered Agent YOUNG, DEAN M 321 23RD STREET MARATHON FL 33050				10. Name and Address of New Registered Agent			
				81 Name	ROBERT D. WHEELER		
				82 Street Address (P.O. Box Number is Not Acceptable)	129 AVE A.		
				83			
				84 City	MARATHON	FL	85 Zip Code 33050

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: *Robert D. Wheeler* / *Robert D. Wheeler* DATE: 1/16/97

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	YOUNG, DEAN M	
STREET ADDRESS	321 23RD STREET	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROBERT D. WHEELER	
1.3 STREET ADDRESS	129 AVE A	
1.4 CITY-ST-ZIP	MARATHON FL 33050	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	VIC PRES / SECY TREAS	
2.2 NAME	JUNE R. WHEELER	
2.3 STREET ADDRESS	129 AVE A, MARATHON, FL 33050	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *June R. Wheeler Secy/Treas* DATE: 1/16/97 305-743-5114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)