

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000045488 (0)

1. Corporation Name
PRO-COM TEL, INC.



Principal Place of Business: **1275 BENNETT DRIVE #117 LONGWOOD FL 32750**
Mailing Address: **1275 BENNETT DRIVE #117 LONGWOOD FL 32750**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

3. Date Incorporated or Qualified: **06/06/1995**
3a. Date of Last Report
4. FEI Number: **59-3315486**
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 s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**KHAN, AIZAN DEEN
1275 BENNETT DRIVE #117
LONGWOOD FL 32750**

10. Name and Address of New Registered Agent (81-85) fields.

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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	KHAN, AIZAN DEEN	1275 BENNETT DRIVE #117	LONGWOOD FL 32750	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	P/D KHAN, AIZAN DEEN	1275 BENNETT DRIVE #117	LONGWOOD FL 32750	
2. TITLE	2. NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	V/D KLECKNER, GREG	1275 BENNETT DRIVE #117	LONGWOOD FL 32750	
3. TITLE	3. NAME	3. STREET ADDRESS	3. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. TITLE	4. NAME	4. STREET ADDRESS	4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	5. NAME	5. STREET ADDRESS	5. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. TITLE	6. NAME	6. STREET ADDRESS	6. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished or 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 its 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: *Aizan Deen Khan* 4/30/96 (407) 830-4660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)