

6-3-98 B 7848 C  
**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 378 WHOOPING Loop	26 378 WHOOPING Loop			06/06/1995	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			4. FEI Number	
22 #1272	27 #1272			59-3315486	
City & State	City & State			Applied For	
23 ALTAMONTE SPRINGS, FL	28 ALTAMONTE SPRINGS, FL			Not Applicable	
Zip	Country			5. Certificate of Status Desired <input type="checkbox"/>	
24 32701	25 SEMINOLE			\$8.75 Additional Fee Required	
29 32701	30 SEMINOLE			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KHAN, AIZAN DEEN 1275 BENNETT DRIVE #117 LONGWOOD FL 32750				81 Name KHAN AIZAN DEEN			
				82 Street Address (P.O. Box Number is Not Acceptable) 378 WHOOPING Loop #1272			
				83			
				84 City ALTAMONTE SPRINGS FL			
				85 Zip Code 32701			

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: *Aizan Deen Khan* DATE: 5/1/98  
Signature of principal place of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	KHAN, AIZAN DEEN	1.2 NAME	AIZAN D KHAN (ADDRESS)
STREET ADDRESS	1275 BENNETT DRIVE #117	1.3 STREET ADDRESS	378 WHOOPING Loop #1272
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701
TITLE	VD	2.1 TITLE	V
NAME	KLECKNER, GREG	2.2 NAME	GREG KLECKNER (ADDRESS)
STREET ADDRESS	1275 BENNETT DR. #117	2.3 STREET ADDRESS	378 WHOOPING Loop #1272
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701
TITLE	S	3.1 TITLE	S
NAME	INSAF, KHAN D	3.2 NAME	INSAF D KHAN (ADDRESS)
STREET ADDRESS	1275 BENNETT DR	3.3 STREET ADDRESS	378 WHOOPING Loop #1272
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: *Aizan Deen Khan* DATE: 5/1/98 (407) 983-0007

CR2E034 (10/97)