

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000051955 (9)  
1. Corporation Name

INFOTEL INTERNATIONAL, INC.



Principal Place of Business	Mailing Address
1529 CLOVER CIRCLE MELBOURNE FL 32935	1529 CLOVER CIRCLE MELBOURNE FL 32935

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 255 East Drive	26 255 East Drive	06/30/1995	N/A
Suite, Apt #, etc.	Suite, Apt #, etc.	4. FEI Number	Applied for
22 Suite K	27 Suite K	59-3333637	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fec Required
23 Melbourne, FL	28 Melbourne, FL	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24 32904	29 32904	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Country	Country		
25 U.S.A.	30 U.S.A.		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PLATT, JACK L ESQ. 525 E. STRAWBRIDGE AVENUE MELBOURNE FL 32901	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	FL 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABOL, IRENE	1.2 NAME	
STREET ADDRESS	1529 CLOVER CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32935	1.4 CITY-ST-ZIP	
TITLE	President	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	F. Donald Lehrmann	2.2 NAME	
STREET ADDRESS	255 East Drive, Suite K	2.3 STREET ADDRESS	
CITY-ST-ZIP	Melbourne, FL 32904	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Irene Sabol DATE 6/25/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 407-752-6732  
Date IRENE SABOL Daytime Phone #

CR2E034 (3/96)