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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000071421

TELEX CONSULTANTS, INC.

FILED
Jan 29, 1999 8:00am
Secretary of State

01-29-1999 90039 032 ***150.00

Principal Place	of Business	Mailing Address				1 10011901 110 1010		majir adırı re		, 11001 11E1 18E1
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NAPLES FL 34103NAPLES FL 34103				-, <i>-</i> -	·	3. Date Incorporated	NOT WRITE	IN ITIIS	SPACE -	
	\$					09/11/1995	or Qualified			
2. Principal Pla	ice of Business	2a. Mailing Address				4. FEI Number			A	oplied For
21	• • • • • • • • • • • • • • • • • • • •	26				57~1032025			N	ot Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.				5. Certificate of Status	Decirod		\$8.75	Additional
22	<u> </u>	27				J. Condicate di Ciata	Desired	<u></u>	Fee R	equired
City & State	· '	City & State				6. Election Campaign	Financing		\$5.00	May Be
23		28			<u> </u>	Trust Fund Contrib				to Fees
Zip	Country	Zip .	Cour	ıtry		8. This corporation ov		it year Inta		
24	25	29	30		·	Personal Property			☐ Yes	□No
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Addres	S OT NEW KE	gisterea <i>F</i>	Agent	
RICE	ROGER B	ur≢ a trk	1	٠.	Name					1
	EAGATE DRIVE STE 203	,		82	Street Add	lress (P.O. Box Number is I	Not Acceptab	le)		
	ES FL 33940		f	83		**************************************	1 185	2011 SEM 10	531 110 Stori	13911181381
			L			2.41	10 Fe 10	建门编设	\$1. Lin 3/31	
			[84	City	And the contract	***** * ** *	FL	85 Zip	Code
11. Pursuant to	the provisions of Sections 607.0502 gistered agent, or both, in the State of familiar with, and accept the obligation	and 607.1508, Florida Stati Florida, Such change was	utes, the ab authorized	ove-r	named corp	poration submits this staten ion's board of directors. I he	ent for the pureby accept	rpose of o	changing its	registered gistered
SIGNATURE		r.,	londa Statu	tes.	,					
SIGNATURE SI	Ignature, typed or printed name of registered agent a	and title if applicable. (NO	Iorida Statu	tes.	,	ed when reinstating)		DATE	<u> </u>	
SIGNATURE SI	Ignature, typed or printed name of registered agent a	ind title if applicable. (NO DIRECTORS	TE: Registered /	les.	,	ed when reinstating); 1985-5		DATE	D DIRECTO	DRS IN 12
SIGNATURE SI	Ignature, typed or printed name of registered agent a OFFICERS AND	and title if applicable. (NO	TE: Registered /	les. Igent s	,	ed when reinstating)		DATE	<u> </u>	
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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, with all other like empowered.

SIGNATURE: