

**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 # P95000077427 (9)  
 1. Corporation Name

TELACORP, INC.



Principal Place of Business Mailing Address  
 997 W. KENNEDY BLVD., SUITE A25 ORLANDO FL 32810  
 997 W. KENNEDY BLVD., SUITE A25 ORLANDO FL 32810

3. Date Incorporated or Qualified 10/09/1995  
 3a. Date of Last Report N/A  
 4. FEI Number 59-3391227 Applied For Not Applicable  
 5. Certificate of Status Des red  \$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

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc 26 Suite, Apt. #, etc  
 22 City & State 27 City & State  
 23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

LAVELLA, PATRICIA  
 997 W. KENNEDY BLVD., SUITE A25  
 ORLANDO FL 32810

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS  
 TITLE  DELETE  
 NAME D LAVELLE, PATRICIA  
 STREET ADDRESS 997 W. KENNEDY BLVD., SUITE A25  
 CITY - ST - ZIP ORLANDO FL 32810  
 TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
 TITLE  DELETE  
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 STREET ADDRESS  
 CITY - ST - ZIP  
 TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 Change  Addition  
 11 TITLE  
 12 NAME  
 13 STREET ADDRESS  
 14 CITY - ST - ZIP  
 Change  Addition  
 21 TITLE  
 22 NAME  
 23 STREET ADDRESS  
 24 CITY - ST - ZIP  
 Change  Addition  
 31 TITLE  
 32 NAME  
 33 STREET ADDRESS  
 34 CITY - ST - ZIP  
 Change  Addition  
 41 TITLE  
 42 NAME  
 43 STREET ADDRESS  
 44 CITY - ST - ZIP  
 Change  Addition  
 51 TITLE  
 52 NAME  
 53 STREET ADDRESS  
 54 CITY - ST - ZIP  
 Change  Addition  
 61 TITLE  
 62 NAME  
 63 STREET ADDRESS  
 64 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: *Patricia Lavelle* Director 6/15/96 407 660-9548  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)