

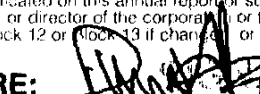


FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS		Apr 29 1997 8:00am Secretary of State	
DOCUMENT # P95000083252 (3)					
1. Corporation Name COMPUTEL, INC.					
Principal Place of Business 404 JENKS AVE PANAMA CITY FL 32401 US			Mailing Address P O BOX 15308 PANAMA CITY FL 32408-5308 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/26/1995	
21 Suite, Apt. #, etc.		26 P.O. Box 659		3a. Date of Last Report 07/08/1996	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number 59-3350807	
23 City & State		28 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip		29 32402		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent NEVES, PHILIP T 1301 FRANKFORD AVE., APT. A-101 PANAMA CITY FL 32401			10. Name and Address of New Registered Agent		
81 Name NEVES, PHILLIP T.			82 Street Address (P.O. Box Number is Not Acceptable) 1848 LAKE AVENUE		
83			84 City PANAMA CITY		
85 State FL			86 Zip Code 32405		
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 I accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE  PRESIDENT, REGISTERED AGENT 4-17-97					
NOTE: Registered Agent signature required when reinstating.					
12. OFFICERS AND DIRECTORS					
1.1 TITLE D NEVES, PHILLIP T <input type="checkbox"/> DELETE					
1.2 NAME 1301 FRANKFORD AVE., APT. A-101					
1.3 STREET ADDRESS PANAMA CITY FL 32401					
1.4 CITY-ST-ZIP					
2.1 TITLE D <input checked="" type="checkbox"/> DELETE					
2.2 NAME LANGFORD, II, ERNEST K					
2.3 STREET ADDRESS 8124 BLANCHE AVE.					
2.4 CITY-ST-ZIP PANAMA CITY FL 32404					
3.1 TITLE D <input type="checkbox"/> DELETE					
3.2 NAME SMITH, TIM II M					
3.3 STREET ADDRESS 4455 W 19TH ST #18					
3.4 CITY-ST-ZIP PANAMA CITY FL					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
4.2 NAME CHRISTOPHER R. KREMIN					
4.3 STREET ADDRESS 125 CORAL DRIVE					
4.4 CITY-ST-ZIP PANAMA CITY BEACH, FL 32413					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
14. I do 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:  PRESIDENT 4-17-97 904-769-8888					
NOTE: Registered Agent signature required when reinstating.					

CR2E034 (9/96)

0053707