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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000083252 (3)

COMPUTEL, INC. Principal Place of Business Mailing Address 404 JENKS AVE PANAMA CITY FL 32401 US PANAMA CITY FL 32406-5308 US			5306			
				3. Date Incorporated or Qualified 10/26/1995	3a. Date of Last 07/08/199	•
2. Principal P	lace of Business	2a. Mailing Address	10	4. FEI Number		Applied For
<u> </u>			59	59-3350807		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1 , ,	Additional Regulred
City & State		City & State	<u> </u>	6. Election Campaign Financing		O May Be
3		28		Trust Fund Contribution		d to Fees
Žφ ¬	Country	29 32402	Country	8. This corporation has liability for		rs. 19 9.032,
4	25 9. Name and Address of Curren		30	Florida Statutes 10. Name and Address of New Re	Yes No	
NEV	ÆS, PHILIP T	it togration Agent	B1 Name		giotoi o a Agont	
130	1 FRANKFORD AVE., APT. A-10 NAMA CITY FL 32401	·1	83	ddress (P.O. Box Number is Not Accepted 8 LAKE AVENUE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	p Code 2405
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	tes, the above-named co	AMA CITY orporation submits this statement for the	FL 3	its registered
SIGNATURI	Signature Tryber of profess name of registered age OFFICERS AN	PRESIDENT (NOT DIRECTORS	authorized by the corporation of authorized statutes. Physical Statutes. Physical Statutes and Statutes are supported by the corporation of the	paration's board of directors. I hereby acce	purpose of changing of the appointment #-// DATE CERS AND DIRECT	g its registered as registered 2 ORS IN 12
SIGNATURE 12. TIPLE	Signature Typica of particul rame of registered app	ent auditie if applicable (NO)	authorized by the corpororda Statutes. PELSTENES EE. Registered Agent signature re 13. 1.1 TILLE	oration's board of directors. I hereby acce	purpose of changing optithe appointment #-//- DATE	g its registered as registered 2 ORS IN 12
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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 corporatify 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 [Noc. 13] if changing or on an attachment with an address.

SIGNATURE

4-17-97 904-769-8888

FILED

Apr 29 1997 8:00am

Secretary of State

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