

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

APPROVED
AND
FILED

97 JUL 10 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000003946
1. Corporation Name

TelAssist Corporation

Principal Place of Business Mailing Address

150 S.W. 12th Avenue
Suite 201
Pompano Beach, FL 33069

3. Date Incorporated or Qualified
1/11/96

3a. Date of Last Report

4. FET Number
X 65-0645671

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

John W. Beebe
150 S.W. 12th Avenue
Suite 201
Pompano Beach, FL 33069

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 602.0502 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]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when consolidating)

DAT:

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	Bernstein, Robert
STREET ADDRESS	150 S.W. 12th Ave., Suite 201
CITY- ST- ZIP	Pompano Beach, FL 33069
TITLE	D
NAME	Beebe, John W.
STREET ADDRESS	150 S.W. 12th Avenue, Ste. 201
CITY- ST- ZIP	Pompano Beach, FL 33069
TITLE	D
NAME	Baker, Ida Rachel
STREET ADDRESS	150 S.W. 12th Ave., Suite 201
CITY- ST- ZIP	Pompano Beach, FL 33069
TITLE	D
NAME	Baker, Christopher Shawn
STREET ADDRESS	150 S.W. 12th Ave., Suite 201
CITY- ST- ZIP	Pompano Beach, FL 33069
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	30000223933-8
1.3 STREET ADDRESS	-07/16/97-01101-009
1.4 CITY- ST- ZIP	****550.00 ****550.00
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ 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: *[Signature]*

CR2E034 (9/96)