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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 09 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1997

GIBSON Frincipal Place	I TEL-COM, INC.	Mailing Address 21% WEST HAAS ROAD					
2195 WEST HAAS ROAD 2195 WEST HAAS R APOPKA FL 32712 APOPKA FL 32712-5					1		
					3. Date Incorporated or Qualified	3a. Date of Last Re	eport
					05/06/1996		
	lace of Business	2a. Mailing Address			4. FEI Number 59 - 337630		pplied For of Applicable
Suite, Apt	#, etc	26	····-			\$8.75 A	
2		27			5. Certificate of Status Desired	Fee Re	
City & Stare	C	City & State			6. Election Campaign Financing	\$5.00	May Be
3		[28]				Added t	
Ζφ 11	Gountry	Zip	Country		8. This corporation has liability for inte		199.032.
!	25 25 Name and Address of		io]		10. Name and Address of New Regis		
GIR	SON, RICHARD DALE		81	Name			
2195 WEST HAAS ROAD			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	PKA FL 32712		02	Sileet Add	ress (F.C. DOX INGRIDE) IS (ACCOPTABLE)	<i></i>	
			83				
			84	City		85 Zip 0	Code
						FL	
office or re	egistered agent, or both, in the	e State of Florida Such change was au e obligations of, Section 607.0505, Flori	thorized by	the corpora	coration submits this statement for the pur tion's board of directors. I hereby accept t	the appointment as	registered
	Signature, typed or crinted name of regis			nt signature requi	red when reinstating)	DATE	
2. TLE		RS AND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR Change	RS IN 12 Addition
AVE	9 36	ichord DAIC Gibson 12 195 W. HARS Rd 13		\			
*REET ADDRESS	816200 M	AAS RA	13 STREET	ADDRESS			
лү-81 7:2	Apopka, FL	. 32712	1.4 CiTY-S	l.			
ITLE		DELETE	2.1 TITLE			☐ Change	Addition
AME	2		2.2 NAME				
TREET ADDRESS			2.3 STREET	ADDRESS	•	-	
HY - S1 - ZIP		T Delete	2.4 CITY-S 3.1 TITLE	IT-ZIP		Change	Addition
HLF (1	•	Change	Apollio
ami Irei i adohess			3.2 NAME 3.3 STREET	ADDRESS			
are Francis are Francis			3.4. CITY - S	· · ·			
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IAMÉ			4.2 NAME	}			
TREET ACIDHESS			4.3 STREET	ADDRESS			
HY-St ZIF			4.4 CITY - S	T-ZIP			
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:(TV+S1+7)? :(TLE		DELETE	54 CITY+S 6.1 TITLE	1 - Z(P		☐ Change	Addition
AME		Em) Detere	6.2 NAME	j		CT comingo	L. Advidu
ANIE TREET ADDRESS			6.3 STREET	ADDRESS			
TITEE : AGUMESS TITE : ST - ZIP			6.4 CITY-S	l l			
4. I do herel	t. by certify that the information s	supplied with this filing does not qualify	for the exe	mption state	d in Section 119.07(3)(i), Florida Statutes.	I further certify that	the
Lam an o	fficer or director of the corpora		red to exec		t my signaturé shall have the same legal e rt as required by Chapter 607, Florida Sta		