


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

FILED

Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # **P96000043052 (5)**

1. Corporation Name
E-TEL CORPORATION

Principal Place of Business
**2200 NO. FLORIDA MANGO ROAD #7
WEST PALM BEACH FL 33409**

Mailing Address
**2200 NO. FLORIDA MANGO ROAD #7
WEST PALM BEACH FL 33409-6449**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/20/1996		3a. Date of Last Report	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 65-0668062		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent KLINGENBERG, RAYMOND 2200 NO. FLORIDA MANGO ROAD #7 WEST PALM BEACH FL 33409				10. Name and Address of New Registered Agent			
				81. Name SICCARDI, ARTHUR J			
				82. Street Address (P.O. Box Number is Not Acceptable) 2200 NORTH FLORIDA MANGO ROAD			
				83. #7			
				84. City WEST PALM BEACH FL 85. Zip Code 33409			

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 607.2501, Florida Statutes.

SIGNATURE **ARTHUR J. SICCARDI** *Arthur J. Siccardi* **04/16/97**
Signature, Type or Printed Name of Registered Agent and Title if Applicable. DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARTIN, PHIL			1.2 NAME			
STREET ADDRESS	2200 NO. FLORIDA MANGO ROAD #7			1.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33409			1.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KLINGENBERG, T R			2.2 NAME			
STREET ADDRESS	2200 NO. FLORIDA MANGO ROAD #7			2.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33409			2.4 CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SICCARDI, ARTHUR			3.2 NAME	SICCARDI, ARTHUR J		
STREET ADDRESS	2200 NO. FLORIDA MANGO ROAD #7			3.3 STREET ADDRESS	2200 NO. FLORIDA MANGO ROAD #7		
CITY-ST-ZIP	WEST PALM BEACH FL 33409			3.4 CITY-ST-ZIP	WEST PALM BEACH FL 33409		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 my address.

SIGNATURE: **ARTHUR J. SICCARDI** *Arthur J. Siccardi* **04/16/97** **(561) 688-5000**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/96)