

Original form not received.

SECURE NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1997. AMOUNT DUE ON OR BEFORE 8/10/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

FILED

May 06 1997 8:00am
Secretary of State

CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # Florida Charter # P96000048145

1. Corporation Name
Tele Vision, Inc.

Mailing Address Principal Place of Business

P.O. Box 20443
West Palm Beach, Fla. 33416

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **June 1, 1996** 3a. Date of Last Report

2. Mailing Address 21 P.O. Box 20443	2a. Principal Place of Business 26 841 Barnett Drive
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State West Palm Beach, Fla	28 City & State Lake Worth Fla
24 Zip 33416	29 Zip 33461
25 Country U.S.A.	30 Country U.S.A.

4. FEI Number 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

Ortnell Cash
1193 N. 49th Street
Royal Palm Beach, Fla. 33411

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
1.1 TITLE	PST CD
1.2 NAME	ORTNELL CASH
1.3 STREET ADDRESS	1193 N. 49th Street
1.4 CITY-ST-ZIP	ROYAL PALM BEACH FLA 33411
2.1 TITLE	CD
2.2 NAME	Byron Blank
2.3 STREET ADDRESS	6851 Forrest Street
2.4 CITY-ST-ZIP	Hollywood Fla. 33411
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

[Handwritten Signature]

400002175234
-05/12/97--01120--010
*****165.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(d), 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *[Handwritten Signature]* **ORTNELL CASH** Date: **30 April 1997** Daytime Phone #: **561-588-6300**