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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000050843

TELECOM RESOURCES, INC.

Principal Place of Business

Mailing Address

May 03, 1999 8:00 am Secretary of State

05-03-1999 90031 042 ***150.00



5210 N.E. 17TH FORT LAUDERD		5210 N.E. 17TH AVENUE FORT LAUDERDALE FL 33334	5210 N.E. 17TH AVENUE FORT LAUDERDALE FL 33334			DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 06/10/1996				
2. Principal Pl	2a. Mailing Address	ng Address			4. FEI Number			App	olied For	
21		26				<u>65-0678418</u>				Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			- [5. Certificate of Status Desired				dditional
22		- 27								quired
City & State		City & State	¬ ′			6. Election Campaign Financing Trust Fund Contribution				May Be o Fees
Zip	Country Zip Cou									
24	25	29 3	0			Personal Property Tax.		☐ Yes	, '	XNo
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Regist	ered A	gent		
	014 14011451		8	1 N	ame					
ARCIOLA, MICHAEL 5210 N.E. 17 AVENUE			8	2 S	treet Addres	ss (P.O. Box Number is Not Acceptable)				
FT. L	AUDERDALE FL 33334		8	3						
l			8	4 C	ity		FL	85	Zip C	ode
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 607.0505, Florida Statutes.										
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	tegistered Ag	gent sign	nature required w	when reinstating) DA	TE			—— <u> </u>
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER	S ANI) DIRE	сто	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE					Chá	ange	Addition
NAME	ARCIOLA, MICHAEL		1.2 NAME	E						
STREET ADDRESS	5210 N.E. 17TH AVENUE		1.3 STRE	ET ADD	RESS					
CITY-ST-ZIP	FORT LAUDERDALE FL 33334		1.4 CITY-ST-ZIP							
TILE	D DELETE 2.1 T		2.1 TITLE	Ē				☐ Cha	ange	☐ Addition
NAME	WAGNER, MICHAEL		2.2 NAME	E						
STREET ADDRESS	2625 N.E. 29TH COURT		2.3 STRE	EET ADD	RESS =					
C/TY-ST-Z/P	FORT LAUDERDALE FL 33306		2. 4 CITY							- Addition
TITLE		DELETE	3.1 TITLE					☐ Cha	ınge	☐ Addition
NAME	•		3.2 NAME							f
STREET ADDRESS	•		3.3 STRE							
CITY-ST-ZIP	<u> </u>	Christs	3.4. CITY		<u>- </u>			∏ Cha	2000	Addition
TITLE	•	☐ DELETE	4.1 TITLE						a ige	["] Vocinon
NAME			4. 2 NAM							
STREET ADDRESS			4.3 STRE				•			
CITY-ST-ZIP		☐ DELETE	4.4 CITY		<u>'</u>			☐ Cha	2000	☐ Addition
TITLE		☐ DETELE	5.1 TITLE 5.2 NAME					LJ OIL	ingo	
NAME			5.3 STRE		DESC					
STREET ADDRESS			5.4 CITY-		1	•				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		-+			☐ Cha	ange	Addition
4.			6.2 NAME						-	
NAME *			6.3 STRE		RESS					
STREET ADDRESS				~~						

14. I 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, with all other like empowered.