

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 14 1997 8:00am  
Secretary of State

DOCUMENT # P96000064190 (7)

1. Corporation Name

~~THE FLEX GROUP, INC.~~ FLEX TELECOMMUNICATIONS, INC.  
(per Articles of Amendment filed on 12/26/96)

Principal Place of Business

612 BRYN MAWR DR  
ORLANDO FL 32804

Mailing Address

612 BRYN MAWR DR  
ORLANDO FL 32804-4428

3. Date Incorporated or Qualified

07/30/1996

3a. Date of Last Report

2. Principal Business

21 1013 Hiwassee Road #3617

Suite, Apt. #, etc.

22

City & State

23 Orlando, Florida

Zip

24 32835

Country

25 USA

2a. Mailing Address

26 1013 Hiwassee Road #3617

Suite, Apt. #, etc.

27

City & State

28 Orlando, Florida

Zip

29 32835

Country

30 USA

4. FEI Number

59-3394104

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

9. Name and Address of Current Registered Agent

SOUTH, J. TODD  
2899 LEE RD  
SUITE 120  
WINTER PARK FL

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, 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: Registered Agent signature required when reinstating)

DATE

5-4-97

12. OFFICERS AND DIRECTORS

TITLE

D  
DE LOZIER, JOHN L III  
612 BRYN MAWR ST  
ORLANDO FL 32804

☐ DELETE

TITLE

D  
PERKINS, JERRY E  
1013 S HIAWASSEE RD #3617  
ORLANDO FL 32835

☐ DELETE

TITLE

D  
CHEUNG, DAVID W  
1013 S HIAWASSEE RD #3617  
ORLANDO FL 32835

☒ DELETE

TITLE

☐ DELETE

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

President, Vice President

☐ Change

☒ Addition

De Lozier, John L III

612 Bryn Mawr Street

Orlando FL 32804

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Treasurer/Secretary

☐ Change

☒ Addition

Perkins, Jerry E.

1013 S Hiwassee Road #3617

Orlando FL 32835

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Vice President

☐ Change

☒ Addition

Edric Moreno-Carrero

5402 Pine Creek Drive

Orlando FL 32811

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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\*\*\*165.00

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 and typed or printed name of signing officer or director

Date

Daytime Phone #

4-4-97

(407) 351-3561

CR2E034 (9/96)