PROFIT A CORPORATION ANNUAL REPORT

1998

"- LLI KON. HLIKE FEE AFT



FLORIDA DEPARTMENT OF STATE

. WAY **18**7 RF CB50.6.

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000013323 (5)

MAT/TELCOM, INC.

City & State

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Principal Place of Business

200 E ROBINSON STREET STE 500
ORLANDO FL 32801

2. Principal Place of Business

2. Principal Place of Business

2. Suite, Apt. #, etc.

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City & State

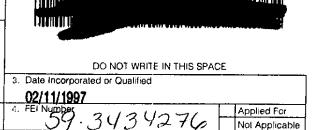
Zip

FLORIDA CORPORATE SUPPORT INC 200 E ROBINSON STREET STE 500 ORLANDO FL 32801

25

Country

FILED								
May 12 1998 8:00am								
Secretary of State								



This corporation owes or has paid the current year Intangible

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes / No

82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	85	Zip Code

Name and Address of New Registered Agent

Certificate of Status Desired

Election Campaign Financing

Personal Property Tax due June 30.

Trust Fund Contribution

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.

Country

81 Name

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agent. I am familial with, and accept the obligations of, Section 607.0505, Figure 5.									
SIGNATURE	Signature, typed or printed name of registered agent and little if ag	ulcable (MOTE	Regulatored Agent support	Ma counted when vicebland	-				
12.	OFFICERS AND DIRECTO	111011	DTE Registered Agent signature required when reinstating) DATE 13.						
TITLE	D	DELETE	1.1 TITLE	D/V'/5	on.				
NAME	SHIPLEY, JAMES J		1.2 NAME						
STREET ADDRESS	200 E ROBINSON STREET STE 500		13 STREET ADDRESS	Shipley, valles of Stute 500					
CITY-ST-ZIP	ORLANDO FL 32801		1 4 CITY-ST-ZIP	Shipley. James J. 2008. Robinson St., Swite 500 Orlando Fl 32801	- 1				
TITLE	D	DELETE	2.1 TITLE	Change Z Addition)n				
NAME	LESAFFRE, CHRISTOPHER		2.2 NAME	Le Saffre, Francis 200 g. Robinson St. Juite 500					
STREET ADDRESS	200 E ROBINSON STREET STE 500		2.3 STREET ADDRESS	Dance Robinson St. Juste 500					
CITY-ST-ZIP	ORLANDO FL 32801		2. 4 CITY - ST - ZIP	Orlando, F1 32801					
TITLE	D	DELETE	3.1 TITLE	D/V Change L/Addition	n				
NAME	ANTESTENIS, DAVID	1	32 NAME						
STREET ADDRESS	200 E ROBINSON STREET STE 500		3 3 STREET ADDRESS	200 E POHLUSON St. Switeson	d				
CITY-ST-ZIP	ORLANDO FL 32801		3.4. CITY - ST - ZIP	antestenis, leisha 200 E. Robinson St., Suitesoc Orlando, Fl 32801	'				
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Additio	n				
NAME			4. 2 NAME		1				
STREET ADDRESS			4.3 STREET ADDRESS						
CITY - ST - ZIP			4.4 CITY - ST - ZIP						
TITLE		☐ DELETE	5 1 TITLE	☐ Change ☐ Addition	7				
NAME :			5.2 NAME	70	ĺ				
STREET ADDRESS			5.3 STREET ADDRESS	2)3 ~					
CITY-ST-ZIP			5.4 CITY - ST - ZIP	800002524200 5.18	1				
ITLE		DELETE	61 TITLE	-05/14/9801112018 flange Addition					
IAME			6.2 NAME	***150.00					
TREET ADDRESS			6.3 STREET ADDRESS						
					- 1				

4. I hereby certify that the information stipplied 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 supplier ental 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 of 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 changer, or of an attachment with an address.

CR2E034 (10/97)