PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000028282

VERITEL INC.

Principal	Place of	Business

Mailing Address

FILED

99 FEB 11 PM 2: 38

SECRETARY OF STATE TALLAHASSEE, FLORIDA



1500 SE 3 COURT STE 205 DEERFIELD BEACH FL 33441	5401 NE 4TH AVE FT. LAUDERDALE FL 3334 US		DO NOT WRITE IN TH	IIS SPACE
			3. Date Incorporated or Qualifed 03/25/1997	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
H 5733 NI ANDROWS WAY	26 5401 NE 4th Ave		65-0251818	Not Applicable
Suite, Apt. #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 13 Fr. LANDGEDALE, Ft.	City & State Ft. Lauderdale,	FL 33334	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 25 USA	Zip Coul	ntry	This corporation owes the current year Personal Property Tax.	Intangible XYes L'INo
9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registers	d Agent
STUTZ, JULIAN H 1500 SE 3 COURT STE 205 DEERFIELD BEACH FL 33441		82 Street Addre	iegel & Utrera, P.A. ss (P.O Box Number is Not Acceptable) 3 Almeria Avenue	
		84 City Co1	ral Gables F	L 85 Zip Code 33134
11. Pursuant to the provisions of Sections 607.05			ration submits this statement for the purpose	

595, Florida Statutes Lawrence J. Spiegel, President

agent. I a	ım familiar with, i					
SIGNATURE	Signature, typed or or	inled name of reas	bernd agent and life	if acoustic in	4	ļ

SIGNATURE	Signature, typed or printed name of registered agont and life if applicable. INO	TE: Registered Agent signature is	required when zeristating) 02/08/99
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELETE	1.1 TITLE	[Change
NAME	STUTZ, JULIAN	1.2 NAME	200002774572 6 -02/15/9301014002
STREET ADORESS	5401 NE 4 AVE	13 STREET ADDRESS	
C/TY-ST-ZIP	FT LAUDERDALE FL 33334	1.4 CITY-ST-ZIP	****150.00 ****150.08
TITLE	D DELETE	21 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, LYNNE	2 2 NAME	
STREET ADDRESS	P.O. BOX 1058 N/A	23 STREET ADDRESS	
CITY-ST-ZIP	RANCHOS DE TAOS NM 87557	2 4 CITY-ST-ZIP	
TITLE	D DELETE	3 1 TITLE	Change Addition
NAME	ROBINSON, LYNNE	3 2 NAME	
STREET ADDRESS	1500 SE 3 COURT	33 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	34 CITY-ST-ZIP	
TITLE	DELETE	4 1 TITLE	Change Addition
NAME		4 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5 1 THILE	Change Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
City-st-zip		54 CITY+ST-ZIF	
TITLE	[] DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	<u> </u>

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 supplymental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am any 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 changed, or any attachment with any address, with all other like empowered.

SIGNATURE