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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000031921 (4)

TELEAST HOLDINGS, INC.

## FILED May 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						
i '		Mailing Address	.=			
389 EAST DO   P. O. BOX 20	DUGLAS BLVD.	389 EAST DOUGLAS BLY P. O. BOX 203	VD.			
OLDSMAR FL 34877		OLDSMAR FL 34677			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					04/07/1997	ļ
	Place of Business	2a. Mailing Address	. Mailing Address		4. FEI Number	Applied For
21		26			<u>59-3473699</u>	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & State		City & Chale				Fee Required
<del> </del>		—	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip Country			Trust Fund Contribution	Added to Fees
24	25	29	30		8. This corporation owes or has paid the cu	ırrent year Intangible ☐ Yes X No
-	9. Name and Address of Curre		30]		Personal Property Tax due June 30.  10, Name and Address of New Registered	
DE	CORT, DONALD P		81	Name	10, maile and madical of from freguetate	1 Agont
	5 S HYDE PARK AVE				250.000	
TAMPA FL 33606			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
PAMITA FL 55000			83			
			$\sqcup$			
			84	City	FL	65 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	es, the above	-named cor	rooration submite this statement for the number of	of changing its registered
DITICE OF I	registered agent, or both, in the State im familiar with, and accept the oblig	or Florida, Such change was a	authorized by	the corpora	ation's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE	Signature typed or printed name of registered ag-	ent and title it applicable (NCT	E Registered Ager	nt signature regu	uired when reinstating) DATE	
12.	OFFICERS AN	D DIRECTORS	13.	-	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	Ď	DELETE	1.1 TITLE	D		Change Addition
NAME	DORA, JAMES W		1.2 NAME		Rrian I Leuden	]
STREET ADDRESS 2626 GLENWOOD AVE SUITE 265			1.3 STREET A	ADDRESS 2	Brian L. Leyden 89 E. Douglas Blvd. <del>1dsmar, FL 34677</del>	
CITY-ST-ZIP	RALEIGH NC 27608		1.4 CITY - ST	·ZIP	14cmom Ft 2/677	}
TITLE	DELETE 2:		2.1 TITLE		145mai j 14077	Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET A	ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST	T- ZIP		
TITLE		DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME			
STREET AODRESS			3.3 STREET A	ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST	T-ZIP		
TITLE		DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET A	ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST	- ZIP		
TITLE		☐ DELETE	51 TITLE			Change Addition
NAME			52 NAME			
STREET ADDRESS			5.3 STREET A	NDDRESS		
CITY-ST-ZIP			5.4 CITY - ST	- ZIP		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET A	ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST	- ZIP		ļ

4. I hereby certify that the information supplied with this filling 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 trustace 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.