

ANNUAL REPORT
1999



Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90031 046 ***150.00

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1. Corporation Name

Inter tel K-HS, Inc.

Principal Place of Business

Mailing Address

1005 Tarpon Cove Dr. # 203
Naples, FL 34110

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

04/18/1997

4. FEI Number

59-343 9890

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 owes the current year Intangible
Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

21 1005 Tarpon Cove Dr

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 203

27

City & State

City & State

23 Naples, FL

28

Zip

Country

Zip

Country

24 34110

25 USA

29

30

9. Name and Address of Current Registered Agent

Karl-Heinz Schumann
1005 Tarpon Cove Dr. # 203
Naples, FL 34110

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

12. President OFFICERS AND DIRECTORS

TITLE
NAME Karl-Heinz Schumann DELETE
STREET ADDRESS 1005 Tarpon Cove Dr. # 203
CITY-ST-ZIP Naples, FL 34110

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE: Karl-Heinz Schumann KARL-HEINZ SCHUMANN -06-05-99 (941) 514 3912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)