


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

FILED
Mar 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000055212 (9)**

1. Corporation Name

TELANTIS GROUP CORPORATION

Principal Place of Business

Mailing Address

**%ADAM MEYERSON
12501 WORLD PLAZA LANE
FT. MYERS FL 33907**

**%ADAM MEYERSON
12501 WORLD PLAZA LANE
FT. MYERS FL 33907**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 410 ADAM H. MEYERSON Suite, Apt. #, etc.	26 410 ADAM H. MEYERSON Suite, Apt. #, etc.		
22 12511 WORLD PLAZA LANE City & State	27 12511 WORLD PLAZA LANE City & State		
23 FT. MYERS, FLORIDA Zip Country	28 FT. MYERS, FLORIDA Zip Country		
24 33907	25 LEE	29 F 33907	30 LEE

3. Date Incorporated or Qualified
06/23/1997

4. FEI Number
65-0781989

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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
**ACCIPITER II, INC.
12501 WORLD PLAZA LANE
FT. MYERS FL 33907**

10. Name and Address of New Registered Agent

81 Name ACCIPITER II, INC.
82 Street Address (P.O. Box Number is Not Acceptable) 12511 WORLD PLAZA LANE
83
84 City FT. MYERS
85 Zip Code FL 33907

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 **ACCIPITER II, INC.**
ADAM H. MEYERSON
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MEYERSON, ADAM	1.2 NAME	MEYERSON, ADAM
STREET ADDRESS	12501 WORLD PLAZA LANE	1.3 STREET ADDRESS	12511 WORLD PLAZA LANE
CITY-ST-ZIP	FT. MYERS FL 33907	1.4 CITY-ST-ZIP	FT. MYERS, FLORIDA 33907
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MEYERSON, ROBERT F	2.2 NAME	D MEYERSON, ROBERT F.
STREET ADDRESS	12501 WORLD PLAZA LANE	2.3 STREET ADDRESS	12511 WORLD PLAZA LANE
CITY-ST-ZIP	FT. MYERS FL 33907	2.4 CITY-ST-ZIP	FT. MYERS, FLORIDA 33907
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	EXEC. VP & SECRETARY
STREET ADDRESS		3.3 STREET ADDRESS	ELIZABETH S. MORAN
CITY-ST-ZIP		3.4 CITY-ST-ZIP	12511 WORLD PLAZA LANE
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE **ADAM H. MEYERSON, President**

CR2E034 (10/97)