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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P97000058650**1. Corporation Name

TELEACTIVE, INC.

FILED Jan 22, 1999 8:00am **Secretary of State**

01-22-1999 90001 023 ***158.75

TEEL TO										
Principal Place	of Business	Mail	ling Address			•••	(100()001		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
418 FIFTH AVE		418	418 FIFTH AVE.				·			
MELBOURNE FI		MEL	MELBOURNE FL 32951				DO NOT WRITE IN THIS SPACE			
							Date Incorporated or Qualifed	IE IN INIO	3FAOL	
							07/03/1997			
			Basilia Addana				4. FEI Number		Ant	olied For
2. Principal Pl	lace of Business		Mailing Address				59-3455275		<u> </u>	Applicable
21	44 -4-	26	Suite, Apt. #, etc.					11/	\$8.75 A	
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5. Certifcate of Status Desired	Ж	Fee Re	
City & State			City & State				6. Election Campaign Financing		\$5.00	May Be
— ·		28	,				Trust Fund Contribution		Added to	
Zip	Country		Zip	Cou	intry		8. This corporation owes the curr	ent year Inte	angible	
24	25	29		30			Personal Property Tax.	, -	Yes	□No
<u> </u>	9. Name and Address		ered Agent			-	10. Name and Address of New I	Registered	Agent	
,					81	Name				
	LINS, KEVIN				82	Street Add	dress (P.O. Box Number is Not Accepta	able)		
418	FIFTH AVE.				-	Otroct / lak	3			4500
MEL	Bourne Beach FL 32	951			83		1.1.7			
-	,	. •			84	City			85 Zip C	Code
	•				-	Ť		<u>FL</u>	. '	j
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agent. I a	egistered agent, or both, in familiar with, and accept Signature, typed or printed name of	the obligations of, a	Section 607.0505, Fl	lorida Stat	utes.	ne corpora	ired when reinstating)	DATE		
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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 chapned, or on an attachment with an address, with all other like empowered.

407-956-9566