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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000001301

1. Corporation Name
DATA-TEL COMMUNICATIONS, INC.

Principal Place of Business
**275 EAST OAKLAND PARK BOULEVARD
FT LAUDERDALE FL 33334**

Mailing Address
**275 EAST OAKLAND PARK BOULEVARD
FT LAUDERDALE FL 33334**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/07/1998

2. Principal Place of Business

21 **Maytidu, William J**

Suite, Apt. #, etc.
3410 EAST OCEAN DR

City & State
#1010-N, Fort. Laud. FL

Zip
33308

Country

25

9. Name and Address of Current Registered Agent

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

343 ALMERIA AVENUE

CORAL GABLES FL 33134

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 **William J Maytidu**

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/17/99**

12. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ DELETE

NAME **MAYTIDU, WILLIAM J JR**

STREET ADDRESS **275 EAST OAKLAND PARK BOULEVARD**

CITY-ST-ZIP **FT LAUDERDALE FL 33334**

TITLE **V** ☒ DELETE

NAME **BLOCK, MICHAEL**

STREET ADDRESS **275 EAST OAKLAND PARK BOULEVARD**

CITY-ST-ZIP **FT LAUDERDALE FL 33334**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

81 Name **Maytidu, William J.**

82 Street Address (P.O. Box Number is Not Acceptable)
3410 EAST OCEAN DR #1010N

83

84 City **Fort Laud.**

FL

85 Zip Code **33308**

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

DATE **4/17/99**

(NOTE: Registered Agent signature required when reinstating)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **3410 EAST OCEAN DR.**

1.4 CITY-ST-ZIP **SUITE 1010N
FT. LAUDERDALE, FL. 33308**

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: **William J Maytidu** **4/17/99** **568-0194**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)