

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

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90033 037 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000005169

1. Corporation Name
 TELUS COMMUNICATIONS, INC.

TREADSTONE U.S.A., Inc

Principal Place of Business: 4360 NORTHLAKE BLVD., SUITE 205, PALM BEACH GARDENS FL 33410
 Mailing Address: 4360 NORTHLAKE BLVD., SUITE 205, PALM BEACH GARDENS FL 33410



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	9184 Rutledge Ave	26	9184 Rutledge Ave	01/15/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				65-0818067	
22. City & State		27. City & State		5. Certificate of Status Desired	
23. Boca Raton		28. Boca Raton		<input type="checkbox"/> \$8.75 Additional Fee Required	
24. 33434		29. 33434		6. Election Campaign Financing	
25. Country		30. Country		<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MARTIN E. WASHOFSKY, E.A., P.A. 4360 NORTHLAKE BLVD., SUITE 205 PALM BEACH GARDENS FL 33410				81. Name Michael Armoogam			
				82. Street Address (P.O. Box Number is Not Acceptable) 9184 Rutledge Ave			
				83. City			
				84. Boca Raton			
				85. FL			
				86. Zip Code 33434			

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: *Michael Armoogam* (NOTE: Registered Agent signature required when reinstating) DATE: 3-3-99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	DELETE	<input checked="" type="checkbox"/>	1.1 TITLE	P.D.	Change	<input checked="" type="checkbox"/> Addition
NAME	REMPEL, EARL			1.2 NAME	Michael Armoogam		
STREET ADDRESS	4360 NORTHLAKE BLVD., SUITE 205			1.3 STREET ADDRESS	9184 Rutledge Ave		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410			1.4 CITY-ST-ZIP	Boca Raton, FL 33434		
TITLE		DELETE	<input type="checkbox"/>	2.1 TITLE	S.D.	Change	<input checked="" type="checkbox"/> Addition
NAME				2.2 NAME	Gary Livingston		
STREET ADDRESS				2.3 STREET ADDRESS	9184 Rutledge Ave		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	Boca Raton, FL 33434		
TITLE		DELETE	<input type="checkbox"/>	3.1 TITLE		Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		DELETE	<input type="checkbox"/>	4.1 TITLE		Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		DELETE	<input type="checkbox"/>	5.1 TITLE		Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		DELETE	<input type="checkbox"/>	6.1 TITLE		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, with all other like empowered.

SIGNATURE: *Earl Rempel* (REQUIRED) DATE: 3-3-99 DAYTIME PHONE #: (561) 479-2462

CR2E034 (11/98)