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May 01, 1999 8:00 am
Secretary of State

05-01-1999 90039 019 ***150.00

01/15/99

PROFIT CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000043862

1. Corporation Name
TELSURF RESELLERS NETWORK, INC.

Principal Place of Business
3625 STARLIGHT AVE
MERRITT ISLAND FL 32953

Mailing Address
3625 STARLIGHT AVE
MERRITT ISLAND FL 32953



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 05/01/1998	
4. FEI Number 59-3511176	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <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 checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

HAWKS, WILLIAM
3625 STARLIGHT AVE
MERRITT ISLAND FL 32953

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83. City	

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 R. Hawks, President William R. Hawks President 4/26/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HAWKS, WILLIAM	
STREET ADDRESS	3625 STARLIGHT AVE	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary/Treasurer (S/T)	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
1.2 NAME	Virginia Lee Hawks	
1.3 STREET ADDRESS	3625 STARLIGHT AVE.	
1.4 CITY-ST-ZIP	Merritt Island, FL 32953	
2.1 TITLE	President/Director (P/D)	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME	William R. Hawks	
2.3 STREET ADDRESS	3625 STARLIGHT AVE.	
2.4 CITY-ST-ZIP	Merritt Island, FL 32953	
3.1 TITLE	1st Vice-president (V)	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
3.2 NAME	Thomas A. ORIE	
3.3 STREET ADDRESS	14254 Lake Price Dr.	
3.4 CITY-ST-ZIP	ORlando, FL 32826	
4.1 TITLE	2nd Vice-President (V)	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
4.2 NAME	MATTHEW B. PARKER	
4.3 STREET ADDRESS	12236 Picket Fence Ct.	
4.4 CITY-ST-ZIP	ORlando, FL 32828	
5.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
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 R. Hawks William R. Hawks 26-99 (407) 452-2088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)