FILED Apr 29, 1999 8:00 am Secretary of State

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P98000058534

1. Corporation Name

TELCOM REGISTRATION CONSULTANTS, INC.

Principal Place of Business		Mailing Address							
14533 POTANOW TRAIL ORLANDO FL 32837		14533 POTANOW TRAIL							
		ORLANDO FL 32837			DO NOT WRITE IN THIS SPACE				
					3. Date ir corporated or Qualifed				
					06/29/1998				
2. Principa F	Place of Business	2a. Mailing Address			4. FEI Number		Applied For		
21		26 3956 Town C	Center	Blvd.	59-3520085		Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired			widitional	
22		Suite 158			J. Definition of olding Desired		Fee Re	c uired	
City & Sate		City & State	FL		6. Election Campaign Financing \$5.00 May B				
23		28		<del></del> -	Trust Fund Contribution		Added to	: Fees	1
Zip	Country	Zip 32837	[[]	untry USA	8. This corporation owes the current y	/ear ntangibl ∏ Y		}{]No	
24	25		30	<del></del> -	Personal Property Tax.  10. Name and Address of New Regis			10,40	
<del></del>	9. Name and Address of Curr	ent Registered Agent		81 Name	To. Name and Address of New Regi-	store a rigen			1
FDA	IUNDS, WILLIAM C								
	33 POTANOW TRAIL			82 Street Acc	dress (P.O. Box Number is Not Acceptable)			!	
	ANDO FL 32837			83					1
J.1,2									
				84 City		FL 85	Zip C	ode	
office or i	registered agent, or bo h, in the Sta am familiar with, and accept the obli	te of Florida. Such change was gations of, Section 607.0505, I	authorize Florida Sta	tutes.	poration submits this statement for the purption's board of cirectors. I hereby accept the	appointmer	it as reg	) stered	
40	Signature, typed or printed naine of registered a	ANE) DIRECTORS	13.	d Agent signature requ	ADDITICINS/CHANGES TO OFFICE		RECTO	ES IN 12	8
TITLE	PSTD	DELETE		TITLE .	ADDITION NOTICE TO OFFICE		Change	☐ Addition	7
NAME	EDMUNDS, WILLIAM C		N	NAME		_		_	5
STREET ADDRE IS	LICON BOTALION TOAL		8	STREET ADDRESS				İ	6
CITY-ST-ZIP	ORLANDO FL 32837		9	CITY-ST-ZIP					Š
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· City-St-Zip				CITY-ST-ZIP				<b>,</b> ,	]
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NAME				NAME					
			M 000	STREET ADDRESS 1					

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 cartify 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 a xegute 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 a Lamer like empowered.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

(407) 858-0317