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05-04-1999 90092 019 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000081140

1. Corporation Name
TELERI SYSTEMS, INC.

Principal Place of Business

3707 W. COLONIAL DR.
ORLANDO FL 32808

Mailing Address

3707 W. COLONIAL DR.
ORLANDO FL 32808

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/18/1998

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 187 SHERIDAN AVE

Suite, Apt. #, etc.

2a. Mailing Address

26 187 SHERIDAN AVE

Suite, Apt. #, etc.

23 City & State

LONGWOOD FL

Zip Country

24 32750 25 USA

27 City & State

28 LONGWOOD FL

Zip Country

29 32750 30 USA

9. Name and Address of Current Registered Agent

HUMPHRIES, J. GREGORY
20 N. ORANGE AVE., STE. 1000
ORLANDO FL 32801-4626

10. Name and Address of New Registered Agent

81 Name JOSEPH CARL GOHLKE

82 Street Address (P.O. Box Number is Not Acceptable)

187 SHERIDAN AVE

83

84

LONGWOOD

FL

85 Zip Code 32750

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 *Joseph C. Gohlke*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

APR 28, 1999

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☐ Change ☒ Addition
1.2 NAME STERLING ALAN HALL
1.3 STREET ADDRESS 7508 SUMMER LAKE CT
1.4 CITY-ST-ZIP ORLANDO FL 32835

2.1 TITLE VICE-PRESIDENT ☐ Change ☒ Addition
2.2 NAME JOSEPH CARL GOHLKE
2.3 STREET ADDRESS 187 SHERIDAN AVE
2.4 CITY-ST-ZIP LONGWOOD FL 32750

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: *Sterling A. Hall* RESTERLING A. HALL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28, 1999 407.384.2909 x122

Date

Daytime Phone #

CR2E034 (1/98)