

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

FILED
Jun 04, 1999 8:00 am
Secretary of State

06-04-1999 90008 020 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000089414 ✓
1. Corporation Name
Tele Esfera, Incorporated

Principal Place of Business Mailing Address
416 N. Dixie Hwy
LAKE WORTH, FL 33460 SAME

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
10/19/98

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 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

9. Name and Address of Current Registered Agent
L. MAXINE KIELY
416 N. Dixie Hwy
LAKE WORTH, FL 33460

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

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 _____ DATE _____

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature is required when re-filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '2	
TITLE	1. DAN R. KIELY ☐ DELETE	TITLE	☐ Change ☐ Addition
NAME		12. NAME	
STREET ADDRESS	416 N. Dixie Hwy	13. STREET ADDRESS	
CITY, ST., ZIP	LAKE WORTH, FL 33460	14. CITY, ST., ZIP	
TITLE	☐ DELETE	21. TITLE	☐ Change ☐ Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, ST., ZIP		24. CITY, ST., ZIP	
TITLE	☐ DELETE	31. TITLE	☐ Change ☐ Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST., ZIP		34. CITY, ST., ZIP	
TITLE	☐ DELETE	41. TITLE	☐ Change ☐ Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST., ZIP		44. CITY, ST., ZIP	
TITLE	☐ DELETE	51. TITLE	☐ Change ☐ Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST., ZIP		54. CITY, ST., ZIP	
TITLE	☐ DELETE	61. TITLE	☐ Change ☐ Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST., ZIP		64. 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 897, Florida Statutes, and that my name appears on the report.