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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

| | | - 45-510- | ETTICION OF | CORPORATIONS | | | |
|--|---|--|--|--|---|---|--------------------------------------|
| DOCU 1. Corpora | JMENT # S | 808839 | (0) | | | | |
| | TEL COMMUNICAT | TIONS, INC. | • | | | | |
| | | | | | I INDICATA DI DADO KAJAR JAMAR JAM |)A 1811 AJBIJ DIBIJ BIBIJ | AMIN ANDIA DADA NADA |
| Principal Pla | ice of Business | | falling Address | ~ | | | |
| 6980-BON | | | 6900 BONNIE GT. | | | | aram aram Alti ilāi |
| ST. CLOU | D-FL-84771. | | ST. CLOUD FL 34771 | | | | |
| | | | | | 3. Date incorporated or Qualified | 3a. Date of La | st Report |
| _ , , , _ | Place of Business | 2a. | Mailing Address | <u> </u> | 10/25/1990 4. FEI Number | 04/26/ | |
| Suite, Ap | DE. 17 | St. 26 | 43 E. | TJ_{AV} 2 t' | 59-3034801 | - | Applied For |
| 2] | t. #, etc. | 27 | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8 | Not Applicab 75 Additional |
| City & Sta | ip CI. I | 21 | City & State | 1 ~ | | F | ee Required |
| $\frac{3}{Zip}$ | t. Cloud | 7 28 | St. Ua | d 12. | Election Campaign Financing Trust Fund Contribution | □ \$5 | .00 May Be ided to Fees |
| 734 | 769 $\frac{25}{25}$ | COO a 29 | Zip 2/17/9 | Country | 8. This corporation has liability for | intangible tax unde | rs 199.032. |
| | 9. Name and Addre | ss of Current Regist | tered Agent | 30 (SCO)19 | Florida Statutes Yes | : □ No | |
| 5 111 5 | | | | 81 Name | 10. Name and Address of New R | legistered Agent | |
| ELY, PA | aul Onnie Ct. | | | 62 Street Addr | ress (P.O. Box Number is Not Acceptab | 153 | |
| | ONNIE UT. OUD FL 34771 | | | <u> </u> | ress trice. Elex number is not acceptab | ie) | |
| OI. OL | 00D FE 34771 | | | 83 | | | <u>-</u> . <u>-</u> |
| | | | | 84 City | | — 85 | Zip Code |
| 1 Durement | to the provisions of Section | voc 607 0500 and 607 | | | | FL SI | -p 0000 |
| or registe | redianent or both in the t | 7 is 007.0302 and 607 | .1508, Florida Statutes | the above-named corpor | ration submits this etatoment for the | | |
| or registe familiar w | red agent, or both, in the tith, and accept the obligat | State of Florida. Such ions of, Section 607.0 | .1508, Florida Statutes change was authorized 505, Florida Statutes. | the above-named corpor by the corporations boar | ration submits this statement for the purpor directors. I hereby accept the appo | pose of changing it pintment as register | s registered offic ed agent. I am |
| or registe familiar w IGNATURE | iau ex | 1 | - 1 | | ration submits this statement for the purp of directors. Thereby accept the appo | pose of changing it pintment as register | is registered officed agent. I am |
| IGNATURE | Signature, typed or printed name of OF | 1 | rificable florit | Rogistered Agnnit signarure required | d wher renstating) | 4/10/90 | , 0 |
| IGNATURE 2. ILE | Signature, typed or printed name of OF | registered agent and title if ap- | rificable florit | | | 4/10/9 (DATE OF S AND DIRECT | TORS IN 12 |
| IGNATURE 2. TLE MME | Signature, typod or printed name of OF DP ELY, PAUL E. | registered agent and title if ap- | rificable for | Rogistered Agrint signature required | d wher renstating) | 4/10/90 | TORS IN 12 |
| CGNATURE 2. LE ME REEL ADDRESS | Signature, typed or printed name of OF DP ELY, PAUL E. 6380 BONNIE CT. | registered agent and little if ag | rificable for | Rogistered Agrint signature required 13. 1.1 TiTLE | d wher renstating) | 4/10/9 (DATE OF S AND DIRECT | TORS IN 12 |
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

4/10/96 (407)892-2900