EII ED 8:00 AM State

2005 FOR PROFIT CORPORATION ANNUAL REPORT				Feb 07, 2005 08:00 A			
1. Entity Nar	IMENT # S24707 TEL COMPUTER SYSTEMS, IN	NC.			Sec	cretary	of State
EXECUTIVE 2300 CORP	CT II, STE 215 ORATE BLVD NW	Mailing Address EXECUTIVE CT II, STE 215 2300 CORPORATE BLVD NW BOCA RATON, FL 33431	JS COLLARS OF THE STATE OF THE				
C	OO NOT WRITE I	N THIS SPA	CE	02012005 4. FEI Number 31-1319	No Chg-P	CH2E034 (10	(4), 2)2)(22))) (24)
	6. Name and Address of Current Regi	stered Agent				 	
2300 COF	OUIS S. VE COURT II, SUITE 232 RPORATE BLVD., NW TON, FL 33431				NOT W HIS SP		• .
8. The above the obligation	e named entity submits this statement for the tions of registered about	JEFFRAY	ed office or register		in the State of Flo	orida. I am familiar	with, and accept
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Final Trust Fund Contribution.	ncing _ \$5.	00 May Be ed to Fees			• • • • • • • • • • • • • • • • • • • •
10.	OFFICERS AND DIRE	CTORS [1				., .
NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS	PSD BECK, LOUIS S. 5269 PRINCETON WAY BOCA RATON, FL VTD YEAGGY, HARRY G. 7750 IVYGATE LANE	**	· · · · · · · · · · · · · · · · · · ·		U00000 02/07/05-	0218441 -80066-002	! 150.00

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an arguress, with all other like empowered.

SIGNATURE

CÍNCINNATI, OH

BOCA RATON, FL

JEFFERY, RONALD J.

9719 SARATOGA PARK COURT

CITY-ST-ZIP TITLE

STREET ADDRESS

CITY-ST-ZIP

NAME

TITLE

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SEFFERY AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR