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FILED  
Apr 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S54496

(2)

1. Corporation Name  
VILLATEL, INC.



Principal Place of Business  
P. O. BOX 1577  
KISSIMMEE FL 34742-1577

Mailing Address  
P. O. BOX 1577  
KISSIMMEE FL 34742

3. Date Incorporated or Qualified 05/22/1991  
3a. Date of Last Report 08/29/1996

2. Principal Place of Business  
21 2928 Vineland Rd.  
Suite, Apt. #, etc.

2a. Mailing Address  
26 2928 Vineland Rd.  
Suite, Apt. #, etc.

4. FEI Number 59-3071468  
Applied For Not Applicable

22 City & State  
23 Kissimmee, FL

27 City & State  
28 Kissimmee, FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

24 Zip 34746  
25 Country

29 Zip 34746  
30 Country

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COHAN, NEAL  
2928 VINELAND ROAD  
KISSIMMEE-FL 34746

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-----------------------------------|---|---|
| TITLE                      | D <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | COHAN, NEAL                       | 1.2 NAME  |   |
| STREET ADDRESS             | 2928 VINELAND ROAD                | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | KISSIMMEE FL                      | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | D <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MCCULLOCH, THOMAS                 | 2.2 NAME  |   |
| STREET ADDRESS             | 2928 VINELAND RD                  | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | KISSIMMEE FL                      | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE   | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | 3.2 NAME  |   |
| STREET ADDRESS             |                                   | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                                   | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | 4.2 NAME  |   |
| STREET ADDRESS             |                                   | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                                   | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE   | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | 5.2 NAME  |   |
| STREET ADDRESS             |                                   | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                                   | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE   | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | 6.2 NAME  |   |
| STREET ADDRESS             |                                   | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                                   | 6.4 CITY - ST - ZIP                                   |   |

14. I do 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.

SIGNATURE: None Required 4/15/97 407-397-0700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0526694

CR2E034 (9/96)