Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90004 023 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # S58964

1. Corporation TELECOI	NTROL, INC.					
Principal Place	e of Business	Mailing Address		1 (00)(0(0 (0) 10)(0 (0)(0 (0)(0 0))(0 (0)	) (516))	J11 B1811 1891
		9300 E. HEATHER LN MIRAMAR FL 33025			10.004.05	
US		US		DO NOT WRITE IN TH	SPACE	
				3. Date Incorporated or Qualifed 06/12/1991		
2. Principal Pl	ace of Business	2a. Mailing Address	·	4. FEI Number	App	lied For
1		26		65-0272740	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A	
2		27		o. Controlle of Status Booked	Fee Req	Juired
City & State	e	City & State		6. Election Campaign Financing  Trust Fund Contribution	\$5.00 N Added to	
Zip	Country	Zip	Country	8. This corporation owes the current year I	ntangible	
4	25	29 3		Personal Property Tax.		□No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registere	d Agent	
SBRALLA, PHILIP A JR 255 ALHAMBRA CIR ST 630 CORAL GABLES FL 33134			81 Name 82 Street Ad	Tyress PIQ Box Number is Not Acceptable	le	
			84 (7)	il Gables F	85 202	3134
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	horized by the corpora	propration submits this statement for the purpose ation's board of directors. I hereby accept the app	of changing its r ointment as reg	egistered istered
SIGNATORE	Signature, typed or printed name of registered agei	nt and title if applicable. (NOTE: R	legistered Agent signature requ			
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	Р	☐ DELETE	1,1 TITLE		☐ Change	☐ Addition
NAME	Benvenutti, karen s		1.2 NAME			
STREET ADDRESS	9300 EAST HEATHER LANE		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIRAMAR FL		1.4 CITY-ST-ZIP		— <u>;</u>	
TITLE	V	☐ DELETE	2.1 TITLE		Change	Addition
NAME	Benvenutt, Jerry W		2.2 NAME			(
STREET ADDRESS	9300 E HEATHER LN		2.3 STREET ADDRESS			į
CITY-ST-ZIP	MIRAMAR FL		2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change	- Addition
NAME			3.2 NAME			ļ
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition }
NAME			4, 2 NAME			Í
STREET ADDRESS			4.3 STREET ADDRESS			· ·
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			ļ
CITY-ST-ZiP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition
NAME	Ť		6.2 NAME			

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP