FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100001468221
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****225.00 ****225.00

DOCUMENT # **S67200** **(3)**

1. Corporation Name
TELECOMMUNICATIONS SERVICE CENTER, INC.

Principal Place of Business	Mailing Address
412 E. MADISON SUITE #1215 TAMPA FL 33602 US	412 E. MADISON SUITE #1215 TAMPA FL 33602 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/15/1991
3a. Date of Last Report: 02/04/1994

2. Principal Place of Business
21: no change
Suite, Apt. #, etc. 22:
City & State 23:
Zip 24: Country 25:

2a. Mailing Address
26: no change
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

4. FEI Number: 59-3078888 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SHANKLAND, HAROLD
803 DISTRICT CT.
TAMPA FL 33613

10. Name and Address of New Registered Agent

81 Name: Shankland, Harold
82 Street Address (P.O. Box Number is Not Acceptable): 4302 Place Le Mans
83:
84 City: Lutz, FL **FL** 85 Zip Code: 33549

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 required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	CEO	☒ Change ☐ Addition
NAME	BOIELLE, RAOUL	1.2 NAME	Boielle, Raoul	
STREET ADDRESS	2-C ADALIA ST.	1.3 STREET ADDRESS	631 Arbor Lake Ln.	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, FL 33602	
TITLE	PD	2.1 TITLE	President	☒ Change ☐ Addition
NAME	SHANKLAND, HAROLD	2.2 NAME	Shankland, Harold	
STREET ADDRESS	803 DISTRICT CT	2.3 STREET ADDRESS	4302 Place Le Mans	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Lutz, FL 33549	
TITLE	D	3.1 TITLE	Director	☐ Change ☐ Addition
NAME	VELTMAN, DAVID	3.2 NAME	no change	
STREET ADDRESS	3130 TIFFANY DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR BEACH FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	Treasurer	☐ Change ☒ Addition
NAME		4.2 NAME	Shankland, Justina	
STREET ADDRESS		4.3 STREET ADDRESS	4302 Gunn Hwy. #1315	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Tampa, FL 33624	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP	T.S. 5/12/95	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Justina Shankland 4-28-95 813/228-0688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000307 CP