

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S67200** (3)

1. Corporation Name

**TELECOMMUNICATIONS SERVICE CENTER, INC.**



Principal Place of Business

**412 E. MADISON  
SUITE #1215  
TAMPA FL 33602  
US**

Mailing Address

**412 E. MADISON  
SUITE #1215  
TAMPA FL 33602  
US**

3. Date Incorporated or Qualified  
**07/15/1991**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.  
**#1200**

26. Suite, Apt. #, etc.  
**#1200**

22. City & State

27. City & State

23. Zip

25. Country

28. Zip

30. Country

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

10. Name and Address of New Registered Agent

**SHANKLAND, HAROLD  
4302 PLACE LE MANES  
LUTZ FL 33549**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CFO** ☐ DELETE  
NAME **BOIELLE, RAOUL**  
STREET ADDRESS **631 ARBOR LAKE LN.**  
CITY-ST-ZIP **TAMPA FL 33602**

1.1 TITLE **CEO & D** ☒ Change ☐ Addition  
1.2 NAME **Raoul Boielle**  
1.3 STREET ADDRESS **412 E. Madison St., Suite 1200**  
1.4 CITY-ST-ZIP **Tampa, FL 33602**

TITLE **P** ☐ DELETE  
NAME **SHANKLAND, HAROLD**  
STREET ADDRESS **4302 PLACE LE MANES**  
CITY-ST-ZIP **LUTZ FL 33549**

2.1 TITLE **P & D** ☒ Change ☐ Addition  
2.2 NAME **Harold Shankland**  
2.3 STREET ADDRESS **412 E. Madison St., Suite 1200**  
2.4 CITY-ST-ZIP **Tampa, FL 33602**

TITLE **D** ☐ DELETE  
NAME **VELTMAN, DAVID**  
STREET ADDRESS **3130 TIFFANY DRIVE**  
CITY-ST-ZIP **BELLEAIR BEACH FL**

3.1 TITLE **D** ☒ Change ☐ Addition  
3.2 NAME **David Veltman**  
3.3 STREET ADDRESS **455 N. Indian Rocks Rd.**  
3.4 CITY-ST-ZIP **Bellaire Bluffs, FL 34640**

TITLE **T** ☐ DELETE  
NAME **SHANKLAND, JUSTINA**  
STREET ADDRESS **4302 GUNN HWY. # 1315**  
CITY-ST-ZIP **TAMPA FL 33624**

4.1 TITLE **T & S** ☒ Change ☐ Addition  
4.2 NAME **Justina Dellheim**  
4.3 STREET ADDRESS **412 E. Madison St., Suite 1200**  
4.4 CITY-ST-ZIP **Tampa, FL 33602**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE **VP** ☐ Change ☒ Addition  
5.2 NAME **Walter C. Chase, Jr.**  
5.3 STREET ADDRESS **412 E. Madison St., Suite 1200**  
5.4 CITY-ST-ZIP **Tampa, FL 33602**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 Dellheim*

Justina Dellheim

04/29/96

813/228-0688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)