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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$85551

(7)

PRO-TEL COMMUNICATIONS OF FLORIDA, INC.

**FILED** 

Apr 22 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address						-	BIELL BIEN DIEN		fillit 188)
3304 OLDE WHARF RUN WINTER PARK FL 32792		3304 OLDE WHARF RUN WINTER PARK FL 32792	3304 OLDE WHARF RUN WINTER PARK FL 32792			DO NOT WRITE IN TI	HIS SPACE		
						3. Date Incorporated or Qualified	•		
						10/01/1991			
2. Principal Place of Business 2a. Mailing Address									olied For
21 26						59-3089952	Not Applicable		
Suite, Apt. #, efc.         Suite, Apt. #, etc.           22         27						5. Certificate of Status Desired		75 Ad le Req	dditional quired
City & State         City & State           23         28						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Zip Country Zip		Country			8. This corporation owes or has paid the current year Intangible			
24	25 29 30		30			Personal Property Tax due June 30.	· · · · · · · · · · · · · · · · · · ·		
Name and Address of Current Registered Agent					N1	10. Name and Address of New Registe	red Agent		
	NE, JAMES R.		ĺ	B1	Name				
	MAITLAND AVE		1	82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	re 217 Amonte springs fl 32701		ŀ	63					
			-	84	Ch.		leel	Zip C	odo
				54	City		=L  85	ZIPU	oue
office or re	o the provisions of Sections 607.6 gistered agent, or both, in the St n familiar with, and accept the ob	ate of Florida. Such change was:	authorized	í by	the corporation	oration submits this statement for the purpor on's board of directors. I hereby accept the	se of changi appointmen	ng its it as r	registered egistered
SIGNATURE	Signature, typed or printed name of registered	apent and the if applicable (NO	L Registored	Age	nt signature require	d when reinstating) DA	TE.		
12,		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIREC	TORS	3 IN 12
TITLE	DP .	DELETE	1.1 TIT	LE			☐ Cha	nge	Addition
NAME	HOFFMAN, ROBERT F		1.2 NA	ME					
STREET ADDRESS	\$304 OLD WHARF RUN		1.3 ST	REET	ADDRESS				
CITY-ST-ZIP	WINTER PARK FL		1.4 CIT	Y-8	T-ZIP				
TITLE	ST	DELETE	2.1 TITLE				Cha	nge	Addition
NAME	Hoffman, Robert F		2.2 NAME						
STREET ADDRESS	\$304 OLD WHARF RUN		2.3 ST	REET	ADDRESS				
CITY-ST-ZIP	WINTER PARK FL		2. 4 CI	TY-S	if - ZIP				
TITLE	<del>_</del>	☐ DELETE	3.1 TIT	ιE			L Cha	nge	Addition
NAME			3.2 NA	ME					
STREET ADDRESS			3.3 STI	REET	ADDRESS				
CITY-ST-ZIP			3.4. CI	IY-S	iT-ZIP				
TITLE		☐ DELETE	4.1 TIT	LF			∐ Cha	nge	☐ Addition
HANE .			4. 2 NA	iME					
STREET ADDRESS			4.3 STI	REET.	ADDRESS				
CITY-ST-ZIP			4.4 CIT		T-ZIP		По		1.4200
TITLE		☐ DELETE	5.1 111				☐ Cha	បទិច	Addition
NAME			5.2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		——————————————————————————————————————	5.4 CIT		r-ZIP		<u> </u>		A plantage
TITLE		☐ DELETE	6.1 TIT		}		☐ Cha	:ige	Addition
NAME			6.2 NA						
STREET ADDRESS					ADDRESS				
CITY ST-7IP			6.4 CIT	Y - S	T-ZIP				

14. Thereby 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, oyon as attachment with an address.

2 or Block 13 il changed, organ an attachment with an address.

11-19-98

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