Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90113 032 ***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 # \$95086

1. Corporation Name

TELEPHONE CONSULTING GROUP, INC.

Principal Place of Business Mailing Address						
701 EAST COM	701 EAST COMMERCIAL BL	AST COMMERCIAL BLVD.				
SUITE 100		SUITE 100				TO MOT WINES IN THIS SPACE
FT. LAUDERDAL	E FL 33334	FT. LAUDERDALE FL 33334				DO NOT WRITE IN THIS SPACE
					_	3. Date Incorporated or Qualifed 11/18/1991
2. Principal Pl	ace of Business	2a. Mailing Address			-	4. FEI Number Applied For
21		26			_	65-0296164 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired 5. Certificate of Status Desired
22 .	المحيوس فكنفر سرابها وما	27				5. Certificate of Status Desired Fee Required
City & State	e	City & State				6. Election Campaign Financing \$5.00 May Be
23						Trust Fund Contribution Added to Fees
Zip	Country Zip C		Col	ıntry		This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax. Yes No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent
				81	Name	
	LOWE, G. CARLTON		82 Street		Street Addre	ess (P.O. Box Number is Not Acceptable)
	EAST COMMERCIAL BLVD.				Cacot Addic	
SUIT	E 100			83		······································
FT. L	AUDERDALE FL 33334					ar Tin Code
				84	City	FL 85 Zip Code
44 Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statute	as the a	bove-	-named corpo	oration submits this statement for the nurnose of changing its registered
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 statutorized 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		Alone.		4 6	sissahus sasuisad	when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required to the signature required t					signature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	PSD OFFICERS AND	DELETE				Change Addition
TITLE	100			AME		· —
NAME	E 100					
STREET ADDRESS	701 E. COMMERCIAL BLVD., ST	E. 100	1.3 STREET ADDRESS		Į į	
CITY-ST-ZIP	FT. LAUDERDALE FL			ITY-ST	Z-ZIP	☐ Change ☐ Addition
TITLE		·		TLE		
NAME			2.2 NAME			
STREET ADDRESS	·				ADDRESS	∞ .
CITY-ST-ZIP -	* * * * * * * * * * * * * * * * * * * *		2.40		r-ZIP -	The second secon
TITLE		☐ DELETE	3.11	TILE	}	☐ Change ☐ Addition
NAME	32		3.2 N	IAME	į	
STREET ADDRESS			3.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP		T-ZIP	
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME	, ,		4.2 NAME			
STREET ADDRESS	·		4.3 5	TREET	ADDRESS	
CITY-ST-ZIP			440	ITY-ST	ZIP	
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME	· —		5.2 N			
		•	5.3.5	TREET	ADORESS	
STREET ADDRESS			1	ITY-ST	-	·
CITY-ST-ZIP			6.1 T			Change Addition
TITLE		□ occe)c		IAME	•	

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

NAME

STREET ADDRESS

CITY-ST-ZIP