Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90046 047 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # **S96606**

1. Corporation Name

TELEMIKRO INTERNATIONAL INC

TEERMATO MICHAEL MO.						
Principal Place of Business Mailing Address						) (40)(6)0 (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6
1505 LAKEVIEW CR CORAL SPRINGS FL 33071-8210 1505 LAKEVIEW CR CORAL SPRINGS FL 33071-8210			3210			
US US						DO NOT WRITE IN THIS SPACE
						Date Incorporated or Qualifed     11/25/1991
2. Principal Place of Business   2a. Mailing Address						4. FEI Number Applied For
21 26						65-0297450 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired Security Fee Required
City & State City & State						6. Election Campaign Financing 55.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip			_	Country		8. This corporation owes the current year Intangible
24	25		30			Personal Property Tax. Yes No
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent
TOM	DUNC CERRY E		ļ	81	Name	
TOMPKINS, GERRY E. 1505 LAKEVIEW CIR				82 Street Address (P.O. Box Number is Not Acceptable)		
COR	AL SPRINGS FL 33071		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						
3,3,1	Signature, typed or printed name of registered agent			Agent	signature requi	uired when reinstating) DATE
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE [	PD.	☐ DELETE	1.1 TITI	1.1 TITLE		☐ Change ☐ Addition
NAME	TOMPKINS, GERRY E		1.2 NAME			
STREET ADDRESS	1505 LAKEVIEW CR		1.3 STREET		ADDRESS	
CITY-\$T-ZIP	CORAL SPRINGS FL		1.4 CITY-\$1		- ZIP	
TITLE		☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STR 2.4 CIT		ADDRESS	
CiTY-ST-ZIP					1- ZIP	☐ Change ☐ Addition
TITLE NAME		<b>=</b> [ •		3.1 TITLE 3.2 NAME		
STREET ADDRESS	ESS 3.33		3.3 STF	3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CIT	3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME	•		4. 2 NA	ME		
STREET ADDRESS			4.3 STREET		-	,
CITY-ST-ZIP	<u> </u>		4.4 CITY-ST		-ZIP	
TITLE				5.1 TITLE		☐ Change ☐ Addition
NAME	. •		5.2 NA		**************************************	
SINCE I ALUNESS			5.3 \$1F 5.4 CIT		ADDRESS	
CITY-ST-ZIP			3.4 (1)	,-31		

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 of 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Addition

(411)

☐ Change