

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

FILED
Feb 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # V04976 (9)
1. Corporation Name
TELL SYSTEMS CORP.

Principal Place of Business Mailing Address
133 BOCA RATON ROAD 133 BOCA RATON ROAD
BOCA RATON FL 33432 BOCA RATON FL 33432



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	133 BOCA RATON ROAD	26	133 BOCA RATON ROAD	01/08/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0311045	
City & State		City & State		5. Certificate of Status Desired	
23	BOCA RATON, FL	28	BOCA RATON, FL	<input type="checkbox"/> \$8.75 Additional Fee Required	
24	Zip 33432	29	Zip 33432	6. Election Campaign Financing	
25	Country USA	30	Country USA	Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FOX, LEO A 133 BOCA RATON ROAD BOCA RATON FL 33432				81 Name LEO A FOX			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				133 BOCA RATON ROAD			
				83			
				84 City BOCA RATON FL 85 Zip Code 33432			

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *Guy Rabbat* GUY RABBAT 1/21/98
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	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PRESIDENT AND DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RABBAT, GUY			1.2 NAME	RABBAT, GUY		
STREET ADDRESS	1341 SW 15TH STREET			1.3 STREET ADDRESS	133 BOCA RATON ROAD		
CITY-ST-ZIP	BOCA RATON FL 33486			1.4 CITY-ST-ZIP	BOCA RATON, FL 33432		
TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE		2.1 TITLE	VICE PRESIDENT AND DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RABBAT, NADIA			2.2 NAME	RABBAT, NADIA		
STREET ADDRESS				2.3 STREET ADDRESS	133 BOCA RATON ROAD		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	BOCA RATON, FL 33432		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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.

SIGNATURE *Guy Rabbat* GUY RABBAT 1/21/98 561-295-1707

CR2E034 (10/97)