

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

008774

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED
 98 OCT 27 PM 2:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # J38644 (7)
 1. Corporation Name
 TELESERVICES INTERNATIONAL GROUP INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
100 2ND AVENUE SOUTH SUITE 1000 ST. PETERSBURG FL 33701 US		100 2ND AVENUE SOUTH SUITE 1000 ST. PETERSBURG FL 33701 US	
21	2. Principal Place of Business	2a.	Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Country
25	Country	30	Country

3.	Date Incorporated or Qualified	10/01/1986
4.	FEI Number	59-2773602
5.	Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$8.75 Additional Fee Required <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 type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

HACKNEY, ROBERT C
 100 2ND AVENUE SOUTH
 SUITE 1000
 ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81	Name	Robert P. Gordon
82	Street Address (P.O. Box Number Is Not Acceptable)	234 21st Ave. NE
83		
84	City	St. Petersburg, FL
85	Zip Code	33701

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: Robert P. Gordon DATE: 10/22/98

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	GORDON, ROBERT P	
STREET ADDRESS	234 21ST AVENUE N.E.	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCLEAN, STEPHEN	
STREET ADDRESS	5833 LA PUERTA DEL SOL, #107	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	HENRY, PAUL W	
STREET ADDRESS	56 LAWRENCE ROAD	
CITY-ST-ZIP	CHESTNUT HILL MA 02167	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, RAYMOND P	
STREET ADDRESS	10 GELDING RD.	
CITY-ST-ZIP	CHELMSFORD MA	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	JACOBS, SAMUEL C	
STREET ADDRESS	1868 EAST 26TH STREET	
CITY-ST-ZIP	BROOKLYN NY 11229	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	James H. Guild	
1.3 STREET ADDRESS	7030 Augusta Blvd.	
1.4 CITY-ST-ZIP	Seminole, FL.	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

600002675985
 -10/30/98--01076--009
 ****550.00 ****550.00

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: Robert P. Gordon

SEP 29 1998

CR2E034 (5/98)