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Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90040 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L52096

1. Corporation Name
TELECOM RESELLER, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 % CHARLOTTE KLUGE
 1953 RODMAN ST
 HOLLYWOOD FL 33020
 US
~~1953 RODMAN ST~~
~~HOLLYWOOD FL 33020~~
~~US~~

3. Date Incorporated or Qualified
02/22/1990

4. FEI Number 65-0188734	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business 600 Three Islands Blvd	2a. Mailing Address 600 Three Islands Blvd
22. Suite, Apt. #, etc. 1815	27. Suite, Apt. #, etc. 1815
23. City & State Hallandale, FL	28. City & State Hallandale, FL
24. Zip 33009	29. Zip 33009
25. Country USA	30. Country USA

9. Name and Address of Current Registered Agent
HOLCOMB, JIM
1953 RODMAN ST
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name Charlotte Kluge
82 Street Address (P.O. Box Number is Not Acceptable) 600 Three Islands Blvd.
83 Apt #1815
84 City Hallandale, FL
85 Zip Code 33009

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 Charlotte Kluge President (Charlotte Kluge) 4/1/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DP	<input type="checkbox"/> DELETE
NAME KLUGE, CHARLOTTE	
STREET ADDRESS 1953 RODMAN ST	
CITY-ST-ZIP HOLLYWOOD FL	
TITLE S	<input type="checkbox"/> DELETE
NAME KLUGE, KENNETH	
STREET ADDRESS 1953 RODMAN ST	
CITY-ST-ZIP HOLLYWOOD FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	600 Three Islands Blvd. #1815
1.4 CITY-ST-ZIP	Hallandale, FL 33009
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	600 Three Islands Blvd.
2.4 CITY-ST-ZIP	Hallandale, FL 33009
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	

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.

SIGNATURE: Charlotte Kluge 4/1/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)