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PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # **J14262**

1. Corporation Name
PHONEMASTERS COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
6290 EDGEWATER DR. ORLANDO FL 32810	6290 EDGEWATER DR. ORLANDO FL 32810

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 05/09/1986

4. FEI Number: 65-0214974 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

~~BURKE, JOHN B.~~ →
6290 EDGEWATER DR
ORLANDO FL 32810

10. Name and Address of New Registered Agent

81 Name: WILLIAM T. USHER
82 Street Address (P.O. Box Number is Not Acceptable): 6290 EDGEWATER DR
83
84 City: ORLANDO, FL 85 Zip Code: 32810

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: William T. Usher — WILLIAM T. USHER — 2-2-99
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	~~CSTD~~ →	☐ DELETE	1.1 TITLE	CSD	☒ Change ☐ Addition
NAME	USHER, WILLIAM T.		1.2 NAME	WILLIAM T. USHER	
STREET ADDRESS	1950 AALBERT LEE PKWY		1.3 STREET ADDRESS	1950 ALBERT LEE PKWY	
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	~~DP~~	☒ DELETE	2.1 TITLE	PD	☐ Change ☒ Addition
NAME	~~BURKE, JOHN B.~~		2.2 NAME	JAMES B. CURRY	
STREET ADDRESS	~~1425 WINSTON ROAD~~		2.3 STREET ADDRESS	1000 DUNHURST COURT	
CITY-ST-ZIP	~~MAITLAND FL~~		2.4 CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	D →	☐ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	STEINMETZ, CHARLES P.		3.2 NAME	CHARLES P. STEINMETZ	
STREET ADDRESS	195 W SPRING LAKE DR		3.3 STREET ADDRESS	1751 VIA AMALFI	
CITY-ST-ZIP	ALT SPRINGS FL		3.4 CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: William T. Usher — WILLIAM T. USHER — 2-2-99 — (407) 297-1274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #