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

PROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12 of

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L02438

(4)

| COIN-TEL INTERNATIONAL, INC. Principal Place of Business Mailing Address 3850 68TH AVE. NO. PINELLAS PARK FL 34685 BY AVE. NO. PINELLAS PARK FL 33781-6111 | | | | |
|---|---------------------------------|---|---|------------------------------------|
| | | | 3. Date Incorporated or Qualified 07/17/1989 | 3a. Date of Last Report 01/30/1996 |
| 2. Principal Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | 26 | | 59-2963064 | Not Applicable |
| Suite, Apt. #, etc | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | 28 | | Trust Fund Contribution | Added to Fees |
| Zip Country 24 25 | Zip 29 Current Registered Agent | Country 30 | This corporation has liability for Florida Statutes Name and Address of New Re | Yes 🔼 No |
| HICKS, DAVID C. | Current Registered Agent | 81 Name | 10. Haire Bill Address of New He | Science Adeur |
| 1353 87TH AVE. NO. | | 82 Street Add | roce (D.O. Boy Mumber is Not Assessed | |
| ST. PETERSBURG FL 33702 | | 82 Street Address (P.O. Box Number is Not Acceptable) | | DIG) |
| | | 83 | | |
| | | 84 City | | 85 Zip Code |
| 44.0 | V/2 0500 | | | |
| 11. Pursuant to the provisions of Sectiona 6 office or registered agent, or both, in this agent. I am familiar with, and accept the SIGNATURE Signature typed or protect name or regis | | uthorized by the corpora- rida Statutes. Registered Agent signature requi | | pt the appointment as registered |
| | RS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFIC | |
| TITLE P | DELETE | 1 1 TITLE | | Change Addition |
| HICKS, DAVID C. | | 12 NAME | | |
| STREET ADDRESS 1353 87TH AVE. NO. ST. PETERSBURG FL | | 1.3 STREET ADDRESS | | |
| TITLE ST | DELETE | 1.4 CITY - ST - ZIP 2.1 TITLE | | Change Addition |
| NAME HICKS, LINDA L. | | 2.2 NAME | | C Olarido C Maditali |
| STREET ADDRESS 1353-87TH AVE. NO. | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP ST. PETERSBURG | | 2. 4 CITY - ST - ZIP | | |
| TITLE | DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | DELETE | 3.4 CITY-ST-ZIP 4.1 TITLE | | Change Addition |
| NAME | | 4. 2 NAME | | C Olitaride C VOCIIION |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | |
| CITY-SI-2IP | | 4.4 City - St - 2iP | | |
| TITLE | DELETE | 5 1 TITLE | | Change Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| City - St - ZIP | | 5.4 CITY - ST - ZIP | | |
| TITLE | ☐ DELETE | 6 1 TITLE | | Change Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| | | ■ r 4 0/7 v 05 7/0 | | |

14. I do 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 suppliemental 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 first, 13 if changed for on an attachment with an address.