

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **L86735** (2)

95 FEB 27 PM 3: 21

1. Corporation Name
ROBERT CEFAIL & ASSOCIATES AMERICAN INMATE COMMUNICATIONS INC.

Principal Place of Business: **503 CLEVELAND ST. SUITE 400 CLEARWATER FL 34617**
Mailing Address: **503 CLEVELAND ST. SUITE 400 CLEARWATER FL 34617**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/11/1990**
3a. Date of Last Report: **03/24/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	600 CLEVELAND ST.	26	600 CLEVELAND ST	59-3017540		Not Applicable	
22. 500		27. 500		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
23. CLEARWATER, FLORIDA		28. CLEARWATER, FLORIDA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24	34615	25	USA	29	34615	30	USA
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

HARDY, ANATOLA
503 CLEVELAND ST
SUITE 400
CLEARWATER FL 34615

81 Name: **Anatola Cefail**
82 Street Address (P.O. Box Number is Not Acceptable): **600 CLEVELAND ST.**
83 **SUITE 500**
84 City: **CLEARWATER** FL 85 Zip Code: **34615**

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

Signature, Name or Printed Name of Registered Agent and Title (if applicable)

Name, Registered Agent (Signature Required When Available)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CEFAIL, ROBERT	12. NAME	ROBERT CEFAIL
STREET ADDRESS	503 CLEVELAND ST #400	13. STREET ADDRESS	600 CLEVELAND ST SUITE 500
CITY, ST, ZIP	CLEARWATER FL	14. CITY, ST, ZIP	CLEARWATER, FL 34615
TITLE	V	21. TITLE	VICE-PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CEFAIL, ANATOLA HARDY	22. NAME	ANATOLA HARDY CEFAIL
STREET ADDRESS	503 CLEVELAND ST #400	23. STREET ADDRESS	600 CLEVELAND ST. SUITE 500
CITY, ST, ZIP	CLEARWATER FL	24. CITY, ST, ZIP	CLEARWATER, FL 34615
TITLE	TO	31. TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZENTNER, MICHAEL	32. NAME	J. SCOTT MORELAND
STREET ADDRESS	503 CLEVELAND ST #400	33. STREET ADDRESS	600 CLEVELAND ST. SUITE 500
CITY, ST, ZIP	CLEARWATER FL	34. CITY, ST, ZIP	CLEARWATER, FL 34615
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is true and correct and does not qualify for the exceptions stated in Sections 119.07, 119.08, Florida Statutes. Further, I do hereby certify that the information indicated on this annual report or biennial report or temporary 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 this corporation or the person or persons authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or on an attached sheet with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anatola Cefail
Anatola Cefail

2/13/95 813-461-2191