

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

PROFIT CORPORATION ANNUAL REPORT



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

1996 3-8-96

B-2004 C

DOCUMENT # **L86735 (2)**

1. Corporation Name

**ROBERT CEFAIL & ASSOCIATES AMERICAN INMATE COMMUNICATIONS INC.**



Principal Place of Business

Mailing Address

600 CLEVELAND ST  
 SUITE 500  
 CLEARWATER FL 34615  
 US

600 CLEVELAND STREET  
 SUITE 500  
 CLEARWATER FL 34615  
 US

3. Date Incorporated or Qualified

07/11/1990

3a. Date of Last Report

02/27/1995

2. Principal Place of Business

2a. Mailing Address

21 2189 CLEVELAND ST

26 2189 CLEVELAND ST

Sube, Apt. #, etc.

Sube, Apt. #, etc.

22 226

27 226

City & State

City & State

23 CLEARWATER FL

28 CLEARWATER FL

Zip

Country

Zip

Country

24 34625

25 USA

29 34625

30 USA

9. Name and Address of Current Registered Agent

CEFAIL, ANATOLA  
 600 CLEVELAND ST  
 SUITE 500  
 CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81 Name CEFAIL, ANATOLA  
 82 Street Address (P.O. Box Number is Not Acceptable) 2189 CLEVELAND ST STE 226  
 83 City CLEARWATER FL 85 Zip Code 34625

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 of Registered Agent (2004)

Signature of Registered Agent (2004)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	P	<input type="checkbox"/> DELETE
2. NAME	CEFAIL, ROBERT	
3. STREET ADDRESS	600 CLEVELAND STREET SUITE 500	
4. CITY, ST, ZIP	CLEARWATER FL	
1. TITLE	VP	<input type="checkbox"/> DELETE
2. NAME	CEFAIL, ANATOLA HARDY	
3. STREET ADDRESS	600 CLEVELAND STREET SUITE 500	
4. CITY, ST, ZIP	CLEARWATER FL	
1. TITLE	T	<input type="checkbox"/> DELETE
2. NAME	MORELAND, J. SCOTT	
3. STREET ADDRESS	600 CLEVELAND STREET SUITE 500	
4. CITY, ST, ZIP	CLEARWATER FL	
1. TITLE		<input type="checkbox"/> DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
1. TITLE		<input type="checkbox"/> DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		

1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS	2189 CLEVELAND ST. STE 226	
4. CITY, ST, ZIP	CLEARWATER, FL 34625	
1. TITLE	VP/S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS	2189 CLEVELAND ST. STE 226	
4. CITY, ST, ZIP	CLEARWATER, FL 34625	
1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS	2189 CLEVELAND ST. STE 226	
4. CITY, ST, ZIP	CLEARWATER, FL 34625	
1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 115.07(3)(k), 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 registrar 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, in an attachment with an address.

SIGNATURE:

SIGNATURE AND TITLED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 27, 1996

813 461 2191

CR2E034 (12/95)