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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #
1. Corporation Name

(4)

**EXECUTONE OF FLORIDA INC** 

Principal Place of Business	Mailing Address			
<b>3025 E SOUTH ST</b> ORLANDO FL 32803-3496	3025 E SOUTH ST ORLANDO FL 32803-3496			
2. Principal Place of Business	2a. Mailing Address			

**FILED** May 04 1998 8:00am Secretary of State



<b>3025 E SOUTH ST ORLANDO FL 32803-3496</b> ORLANDO FL 32803-3496  ORLANDO FL 32803-3496							
					DO NOT WRITE IN THIS  3. Date Incorporated or Qualified	SPACE	<del></del> 1
					08/28/1968		
2. Principal Pi	ace of Business	2a, Mailing Address			4. FEI Number	I A	applied For
21		26			59-1143047		lot Applicable
Sulte, Apt. #, etc. Suite, Ap		Suite, Apl. #, etc.	l. #, etc.			sired \$8.75 Additional	
22		27			5. Certificate of Status Desired	Fee F	Required
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		I to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the cu		
24	25 9. Name and Address of Curre	29 Agent	30]		Personal Property Tax due June 30.  10. Name and Address of New Registered		N₀
CIA	NNONE, ROBERT	it tregistered Agent	8	1 Name	10. Hame and Address of New Negistered	Agent	
	5 E SOUTH STREET						
ORLANDO FL 32803-3496			6	2 Street Ad	ddress (P.O. Box Number is Not Acceptable)		
Ont	JANDO 1 L 32003-3490		8	3			
			ļ.,			<del> </del>	
			8	4 City	FL	<b>85</b> Zip	Code
11. Pursuant t	to the provisions of Sections 607.050	02 and 607.1508, Florida Statut	es, the abo	. L ve-named co	progration submits this statement for the purpose of	of changing	its registered
Office or re	e <b>gister</b> ed agent, or both, in the State m <b>fami</b> liar with, and accept the oblig	eof Florida. Such change <b>wa</b> s a	authorized	ov the corpor	ration's board of directors. I hereby accept the ap	pointment a	s registored
SIGNATURE	The training	genono en enonon den locaco, i a	orida Ottrior	03.			i
	Signature, typicd or printed name of registered ag	ent and fille if applicable (NO)	F: Registered A	gent signature red	quired when reinstating) DATE	<del></del>	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12
TITLE	CD	☐ DELET€	1,1 TITLE			☐ Change	Addition
NAME	GIANNONE, ARTHUR A		1.2 NAM	Ē			
STREET ADDRESS	3025 E SOUTH ST		1.3 STRE	ET ADDRESS			ļi
CITY-ST-ZIP	ORLANDO, FL 00000	T or rie	1.4 CITY		19000-1		
TITLE	PDS	☐ DELETE	2.1 TITLE			☐ Change	Addition 1
NAME	ARAF & COURT OF		2.2 NAM				
STREET ADDRESS	3025 E SOUTH ST ORLANDO, FL 00000			ET ADDRESS			
CITY+ST-ZIP TITLE	V	DELETE	2. 4 CITY			Change	Addition
NAME	<b>DENNIS, KENNETH T.</b>	L. Dittell	3.1 TITLE			TTI change	☐ Addition
STREET ADDRESS	3025 EAST SOUTH STREET		3 2 NAM				
CITY-ST-ZIP	ORLANDO FL			ET ADDRESS			
TITLE	4-44 AINA 1 P	DELETE	3.4. CITY 4.1 TITLE			Change	Addition
NAME		· _	4. 2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			4.4 CITY				ļ
TITLE	······································	DELE <b>te</b>	5.1 TITLE			Change	Addition
NAME			5.2 NAM	:			
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAM				
STREET ADDRESS	_		6.3 STRE	1 ADDRESS			
CITY-ST-ZIP			6.4 CITY	ST-ZIP		<u> </u>	

led with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information field appears report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an receive trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in I hereby certify that the information supplindicated on this admust report or supplie officer or director of the corporation or block 12 or Block 13 if changed, or only