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 # 418080

(8)

UNITED STATES TELEPHONE COMPANY

FILED						
Apr 29 1998 8:00am						
Secretary of State						

				•			
Principal Place of Business Mailing Address				· -		8/8/1 9/8/1 9/8/1 8/8/1 3 /8/1 (83)	
6073 NW 167	st	6073 NW 167 ST			· ·		
C-16 C-16 MIAMI FL 33015 MIAMI FL 33015			0. 0.		•		
					DO NOT WRITE IN TH	HIS SPACE	
US		US ·		•	3. Date Incorporated or Qualified		
9 Principal P	tage of Buriners	2a. Mailing Address			02/02/1973 4. FEI Number	An - Bad Con	
2. Principal Place of Business 2a. Mailing Ad 2f			adiess		59-1439589	Applied For Not Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			\$8.75 Additional		
22		27		5. Certificate of Status Desired	Fee Required		
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be		
23		28		Trust Fund Contribution	Added to Fees		
Zip Country		Zip	Zip Country		8. This corporation owes or has paid the	current year Intangible	
24 25		29	30		Personal Property Tax due June 30. Yes No		
	9, Name and Address of Currer	nt Registered Agent	81	Name	10. Name and Address of New Register	ed Agent	
	ICKMAN, ROBERT		01	Name			
	73 NW 167 ST		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
l C-			83	 			
MV	AMI FL 33015						
j			84	City		85 Zip Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statut	es, the abov	e-named corr	poration submits this statement for the purpos	e of changing its registered	
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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD	☐ DELETE	1.1 TITLE			Change Addition	
NAME			1.2 NAME				
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		1.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI, FL 00000	Delete.	1.4 City - ;	ST-ZIP		Observe Distriction	
TITLE	8D	L DELETE	2.1 TITLE	}		L_ Change Addition	
NAME	BUCKMAN, VICKI 6073 NW 167 ST, C-16		2.2 NAME				
STREET ADDRESS	BRIADE EL COCCO		2.3 STREET				
CITY-ST-ZIP TITLE			2. 4 CITY- 3 1 TITLE	SI - ZIP		Change Addition	
NAME	ELLIS, JAMES M.	□ 001071	3.2 NAME			C survige C (device)	
STREET ADDRESS	6073 NW 187 ST, C-16		· ·	ADDRESS		ł	
CITY-ST-ZIP	MIAMI FL		3.4. CITY-				
TITLE	V	☐ DELETE	4.1 TITLE			Change Addition	
NAME	HECKER, JAY		4. 2 NAME				
STREET ADDRESS	6073 NW 167 ST, C-16		4.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL		4.4 CITY - 9	ST- 2IP			
TITLE		☐ DELETE	5.1 TITLE			Change Addition	
NAME	•		5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5 4 CITY-5	ST - ZIP			
TITLE	· •	DELETE	6.1 TITLE			☐ Change ☐ Addition	
NAME			6.2 NAME				
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP			6.4 CITY-5	ST-ZIP			

14. Thereby 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 secure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, so on an attachment with an address.

MATURE KALL X /- /h

4/22/58

705-827-DAGO