FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

8andra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A9600000552**

SECRETARY OF STATE DIVISION OF CORPORATIONS

99 FEB -5 AM 9: 28

ACCUTEL TELECOM SOLUTIONS LTD.	
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SSO N. REO ST. STE 200 STAMPA FL 338099 TAMPA						
SIE 200 TAMPA FL 38099 TAMPA	Mailing Address	,	,		Shown on record.	
TAMPA FL 38099					\$5,000.00	
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The Country State (See rewrite identified to Country State (See rewrite identified for the information) 3. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office Name Name Name Street Address (P.O. Bot Number Is Nist Acceptable) DATE AGENERAL PARTNET THAT IS A CORPORATION, LIMITED PARTNETSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Nema(s) of General Partner(s) 12. Address of Each General Partner 13. Address of Each General Partner 14. Co. No. State & Zip Code 16. Co. State & Zip Code 17. Co. State & Zip Code 18. Address of Each General Partner 19. Idea better Control of the Island State Islan	City & State	City & State			Not Applicable	
8. Make check poyable to. Dept of Statio (See reverse side for fee information) 9. Name and Address of Current Registered Agent 10. If Changed, new Registered Agent/Office VALENTI, JOSEPH A 550 N. REO ST. STE: 300 TAMPA FL 33609 10a. Pursuant to the provisions of sections 620 1051 and 620 192. Florids Statutes, the above-named imited partnership organized or registered under the laws of the Statio of Provids, submits this statement for the provisions of changing its registered Office or registered agent, or both. In the Statio of Provide. Such change was authorized by its general partner(s) I hereby accept the appointment of registered office or registered and control of the Stations of the Station of Provide. Stations are submitted by the general partner(s). I hereby accept the appointment of registered spent in the provisions of section 520 192. Provide Stations. BIONATURE (Registered Agent Accepting Agentiment and Stations of Stations and Sta	Zio Country	Zio	Country	Certificate of Status Desired		
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STE: 300 TAMPA FL 33609 Suite, Apt #, etc. City FL Zop Code Total Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered of core presented agent, or both, in the State of Florida Statutes Such change was authorized by its general partner(s) 1 hereby accept the appointment of registered seen. I am familie with, and eccept the obligations of section 520 192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) DATE A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(a) of General Partner(s) 11a. Address of Sech General Partner A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11b. City, State & Zop. Code 11c. Registration Document Number TAMPA FL 33609 FL TO CITY OF TO CONTROL NUMBER VALENTI, JOSEPH A TAMPA FL 33609 FL TO CITY OF THE STATE	· · · · · · · · · · · · · · · · · · ·		Street Address	(P.O. Box Number Is Not Acceptable)		
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate any time my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as originated by chapter 520. Florida Statutes. SIGNATURE DATE 1-30-99	VALENTI, JOSEPH A	ļ				
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as oriquired by chapter 620. Florida Statutes. SIGNATURE DATE DATE DATE DATE				402/10 40,99	/1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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