

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # F93000002086 (7)**

1. Corporation Name  
**SUMMIT TELESERVICES, INC.**



Principal Place of Business: **3650 CLAYPOND RD. MYRTLE BEACH SC 29577 US**  
Mailing Address: **P.O. BOX 400 MYRTLE BEACH SC 29578**

3. Date Incorporated or Qualified: **05/05/1993**  
3a. Date of Last Report: **10/19/1995**

21	22	23	24	25	26	27	28	29	30	4.	5.	6.	8.
Principal Place of Business		Mailing Address		FEI Number		Certificate of Status Desired		Election Campaign Financing		Date of Last Report		This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
3650 CLAYPOND RD. MYRTLE BEACH SC 29577 US		P. O. BOX 808		57-0875157		<input type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> \$5.00 May Be Added to Fees		10/19/1995		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For		Not Applicable							
City & State		City & State											
Zip		Country		Zip		Country							
25		29											

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>PITTARI, ANTHONY T. 5378 DEER CREEK DR ORLANDO FL 32821</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		
				FL	85	Zip Code	

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CV	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	CICERO, JOSEPH E DR		1.2 NAME				
STREET ADDRESS	3650 CLAYPOND RD.		1.3 STREET ADDRESS				
CITY-ST-ZIP	MYRTLE BEACH SC		1.4 CITY-ST-ZIP				
TITLE	DV	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BROTHERS, RICHARD		2.2 NAME				
STREET ADDRESS	3650 CLAYPOND RD.		2.3 STREET ADDRESS				
CITY-ST-ZIP	MYRTLE BEACH SC		2.4 CITY-ST-ZIP				
TITLE	DST	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	JEFFCOAT, MELTON L		3.2 NAME				
STREET ADDRESS	3650 CLAYPOND RD.		3.3 STREET ADDRESS				
CITY-ST-ZIP	MYRTLE BEACH SC		3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 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 119.07(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 receiver 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, or on an attachment with an address.

SIGNATURE: **JOSEPH E. CICERO** *Joseph E. Cicero* 2/23/96 803-236-4100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)