SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

CORPORATION ANNUAL REPORT

1999

Principal Place of Business

MYTRLE BEACH SC 29577

3650 CLAYPOND RD



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9300002086

SUMMIT TELESERVICES, INC.

Mailing Address

P.O. BOX 808

MYRTLE BEACH SC 29577

FILED Jul 22, 1999 8:00 am Secretary of State

07-22-1999 90017 035 ***550.00



DO NOT WRITE IN THIS SPACE

,				3. Date Incorporated or Qualified	
				05/05/1993	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26 P. O. BOX 1	2740	57-0875157	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28 Charleston	<u>,5</u>	Trust Fund Contribution	Added to Fees
Zip	Country 25	^{Zip} 29422	30 Charlesto	8. This corporation owes the current year Intangible Personal Property.	Yes No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered Agent	
			81 Name		
PITTARI, ANTHONY T.			82 Street Address (P.O. Box Number is Not Acceptable)		
5378 DEER CREEK DR			32 Street Address (r. C. Box Namest is Not Acceptable)		
ORLANDO FL 32821			83		
			84 City	FL	85 Zip Code
11. Pursuant	to the provisions of sections 607.050	2 and 607.1508, Florida Statutes	s, the above-named co	proporation submits this statement for the purpose of chi	anging its registered
l office or	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was at	uthorized by the corpo	pration's board of directors. I hereby accept the appoir	ntment as registered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if apolicable. (NO	TE: Registered Agent signatur	e required when reinstating) DATE	
12.	<u> </u>	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	Р	DELETE	1.1 TITLE	\$/ T	Change Addition
NAME	CICERO, JOSEPH E DR	4	1.2 NAME	× ERRO	vR
STREET ADDRESS	3650 CLAYPOND RD.		1.3 STREET ADDRESS	Z EKKU	''
CITY-ST-ZIP	MYRTLE BEACH SC 29577		1.4 CITY-ST-ZIP		. /
TITLE	VPS	DELETE	2.1 TITLE	5-7	Change Addition
NAME	PATCH, MAGGIE	. —	2.2 NAME	Patch, Kenneth	
STREET ADDRESS	3650 CLAYPOND RD.		2.3 STREET ADDRESS	Patch, Kenneth 3650 Claypond Rd. myrtle Beach, SC 2957	,
CITY-ST-ZIP	MYTRLE BEACH SC 29577		2.4 CITY-ST-ZIP	myrtle Beach, SC 2731	~ /
TITLE		DELETE	3.1 TITLE	, ,	Change Addition
NAME			3.2 NAME	Patch Maggie 101	
STREET ADDRESS			3.3 STREET ADDRESS	3650 claypona ka,	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Patch Maggie 3650 claypond Rd, myrtle Beach, SC 29577	
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		-
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME		<u> </u>	5.2 NAME		-
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	100	Change Addition
NAME		<u> </u>	6.2 NAME		-
STREET ADDRESS	P4 . 4		6.3 STREET ADDRESS		
CITY-ST-ZIP	* * * * * * * * * * * * * * * * * * *		6.4 CITY-ST-ZIP		

14. I hereby 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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of changed, or on an attachment with projection. SIGNATURE: