

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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90124 001 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000004467**

1. Corporation Name  
**SRT TELECOMMUNICATIONS LIMITED CORPORATION**

Principal Place of Business 300 S. PINE ISLAND ROAD.. STE 308 PLANTATION FL 33324	Mailing Address 300 S. PINE ISLAND ROAD.. STE 308 PLANTATION FL 33324
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/14/1995	4. FEI Number 84-1318046	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COUCHMAN, RONALD W	1.2 NAME	
STREET ADDRESS	648 MAIN RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON HEIGHTS QUEBEC CANADA JOP -1J0	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, MICHAEL J	2.2 NAME	
STREET ADDRESS	97 VIKING PLACE	2.3 STREET ADDRESS	102 RUE DORAL CORNE
CITY-ST-ZIP	DELLARD-DES-ORMEAUX QUEBEC C H9G -2M5	2.4 CITY-ST-ZIP	ILE BIZARD, QUEBEC, CANADA H9E 1R9
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, DOUGLAS G	3.2 NAME	
STREET ADDRESS	151 MAIN RD.	3.3 STREET ADDRESS	9250 S.W. 9th COURT
CITY-ST-ZIP	HUDSON QUEBEC CANADA JOP -1H0	3.4 CITY-ST-ZIP	PLANTATION, FLORIDA 33324
TITLE	AST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'ARCY, LEDDY J	4.2 NAME	
STREET ADDRESS	118 AMBERLEY CRESCENT	4.3 STREET ADDRESS	
CITY-ST-ZIP	POINTE CLAIRE QUEBEC CANANDA H9R -1S7	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRNE, THOMAS F	5.2 NAME	
STREET ADDRESS	978 ROYAL YORK RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ETOBICOKE ONTARIO CANADA M8X -2E9	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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas F. Byrne February 10, 1999 416/364-1616  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**Thomas F. Byrne - Secretary**

CR2E034 (1/98)