FIL OW: FILING FEE AFT MAY 1ST IS $550.00

FILED
Jun 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **F96000002438 (7)**

1. Corporation Name
ILD COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
13000 SAWGRASS VILLAGE CIRCLE. #5 PONTE VEDRA BEACH FL 32082	13000 SAWGRASS VILLAGE CIRCLE. #5 PONTE VEDRA BEACH FL 32082

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualified: 05/14/1996

4. FEI Number: 59-3375165 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LLOYD, FREDERICK W
13000 SAWGRASS VILLAGE CIRCLE #5
PONTE VEDRA BEACH FL 32082

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 _____ DATE
Signature, typed or printed name, of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDC	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LEWIS, MICHAEL F		1.2 NAME		
STREET ADDRESS	13000 SAWGRASS VILLAGE CIRCLE, #5		1.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		1.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LLOYD, FREDERICK W		2.2 NAME		
STREET ADDRESS	13000 SAWGRASS VILLAGE CIRCLE, #5		2.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		2.4 CITY-ST-ZIP		
TITLE	SDC	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MORTON, C R JR		3.2 NAME		
STREET ADDRESS	1360 PEACHTREE ST., #1900		3.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30309		3.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HALL, GREGORY E		4.2 NAME		
STREET ADDRESS	2155 CHENAULT, 410		4.3 STREET ADDRESS		
CITY-ST-ZIP	CARROLLTON TX		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GALLAGHER, BOB		5.2 NAME	600002544726	
STREET ADDRESS	2155 CHENAULT STE 410		5.3 STREET ADDRESS	-06/02/98--01075--009	
CITY-ST-ZIP	CARROLLTON TX		5.4 CITY-ST-ZIP	***550.00	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	STOUTENBURGH, DENNIS J		6.2 NAME		
STREET ADDRESS	2155 CHENAULT STE 410		6.3 STREET ADDRESS		
CITY-ST-ZIP	CARROLLTON TX		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: _____ 6-1-98 972-583-8700