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

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000004823

1. Corporation Name
TELECARD COMMUNICATIONS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
229 SW 31ST ST FT LAUDERDALE FL 33315	229 SW 31ST ST FT LAUDERDALE FL 33315

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
09/19/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	**65-0693825**	Not Applicable

Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifcate of Status Desired ☐	$8.75 Additional Fee Required
22	27		

City & State	City & State	6. Election Campaign Financing ☐ Trust Fund Contribution	$5.00 May Be Added to Fees
23	28		

Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax. ☐Yes ☐No
24	25	29	30	

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME	MCCANLESS, GEORGE R		1.2 NAME		
STREET ADDRESS	2 UNIVERSITY PLAZA #111		1.3 STREET ADDRESS		
CITY-ST-ZIP	HACKENSACK NJ 07601		1.4 CITY-ST-ZIP		
TITLE	DCP	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME	HOLD, DAVID		2.2 NAME		
STREET ADDRESS	229 SW 31ST ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33315		2.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME	MCCANLESS, ROBERT C		3.2 NAME		
STREET ADDRESS	2 UNIVERSITY PLAZA #111		3.3 STREET ADDRESS		
CITY-ST-ZIP	HACKENSACK NJ 07601		3.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME	OSHATZ, DANIEL T		4.2 NAME		
STREET ADDRESS	401 E 86TH ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	NY NY 10028		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME	SIMON, DAVID D		5.2 NAME		
STREET ADDRESS	385 NW 97TH ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33324		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME	O'ROURKE, ALDEN D		6.2 NAME		
STREET ADDRESS	315 SE 13TH ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT LADUERDALE FL 33301		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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99   954 779 2225
Date   Daytime Phone #

CR2E034 (11/98)