

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

FILED

**Mar 28 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # F96000005054 (9)
 1. Corporation Name
ALL AMERICAN TELEPHONE, INC.



Principal Place of Business 2020 W. NORTHWEST HIGHWAY, NO. 107 GRAPEVINE TX 76051	Mailing Address 2020 W. NORTHWEST HIGHWAY, NO. 107 GRAPEVINE TX 76051-7848
---	--

3. Date Incorporated or Qualified 09/30/1996		3a. Date of Last Report	
2. Principal Place of Business 21 9001 Airport Fwy. Suite, Apt. #, etc. 22 570 City & State 23 N. Richland Hills, TX Zip 24 76180 Country 25 Tarrant	2a. Mailing Address 26 9001 Airport Fwy Suite, Apt. #, etc. 27 570 City & State 28 N. Richland Hills Zip 29 76180 Country 30 Tarrant	4. FEI Number 75-2665177	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

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: *Patrick J. Thompson* **Patrick J. Thompson, Vice President** **3-10-97**
Signature, type or print 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 PCS	<input type="checkbox"/> DELETE	1.1 TITLE President and Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GAREY, CLAY		1.2 NAME Clay, Gary	
STREET ADDRESS 2020 W. NORTHWEST HIGHWAY, NO. 107		1.3 STREET ADDRESS 9001 Airport Fwy, Ste 570	
CITY-ST-ZIP GRAPEVINE TX 76051		1.4 CITY-ST-ZIP N. Richland Hills, TX 76180	
TITLE <input type="checkbox"/> DELETE		2.1 TITLE Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <input type="checkbox"/> DELETE		2.2 NAME Patrick J. Thompson	
STREET ADDRESS <input type="checkbox"/> DELETE		2.3 STREET ADDRESS 9001 Airport Fwy, Ste 570	
CITY-ST-ZIP <input type="checkbox"/> DELETE		2.4 CITY-ST-ZIP N. Richland Hills, TX 76180	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE Thibodeaux, Jamie	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <input type="checkbox"/> DELETE		3.2 NAME Director	
STREET ADDRESS <input type="checkbox"/> DELETE		3.3 STREET ADDRESS 2009 Kyle Ct.	
CITY-ST-ZIP <input type="checkbox"/> DELETE		3.4 CITY-ST-ZIP Colleyville, TX 76034	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <input type="checkbox"/> DELETE		4.2 NAME Nowik, Tony	
STREET ADDRESS <input type="checkbox"/> DELETE		4.3 STREET ADDRESS 1050 SE 7th Ct.	
CITY-ST-ZIP <input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP Dania, FL 33004	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <input type="checkbox"/> DELETE		5.2 NAME	
STREET ADDRESS <input type="checkbox"/> DELETE		5.3 STREET ADDRESS	
CITY-ST-ZIP <input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <input type="checkbox"/> DELETE		6.2 NAME	
STREET ADDRESS <input type="checkbox"/> DELETE		6.3 STREET ADDRESS	
CITY-ST-ZIP <input type="checkbox"/> DELETE		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Patrick J. Thompson* **Patrick J. Thompson, V.P.** **3-10-97** **(817) 514-8801**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)