

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

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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
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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
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2. Principal Place of Business 21 9001 Airport Fwy.		2a. Mailing Address 26 9001 Airport Fwy		3. Date Incorporated or Qualified 09/30/1996	3a. Date of Last Report
Suite, Apt. #, etc. 22 570		Suite, Apt. #, etc. 27 570		4. FEI Number 75-2665177	Applied For Not Applicable
City & State 23 N. Richland Hills, Tx		City & State 28 N. Richland Hills		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24 76180		Country 25 Tarrant		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Country 29 76180		Country 30 Tarrant		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, typed or printed name of registered agent (not 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 Garey, Clay	
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		2.2 NAME Patrick J. Thompson	
STREET ADDRESS		2.3 STREET ADDRESS 9001 Airport Fwy, Ste 570	
CITY - ST - ZIP		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		3.2 NAME Director	
STREET ADDRESS		3.3 STREET ADDRESS 2009 Kyle Ct.	
CITY - ST - ZIP		3.4 CITY - ST - ZIP Collegedale, TX 76034	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME Nowik, Tony	
STREET ADDRESS		4.3 STREET ADDRESS 1050 SE 7th Ct.	
CITY - ST - ZIP		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		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		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 do 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: *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)