

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **F97000003970 (7)**

1. Corporation Name

AMERICAN METROCOMM LONG DISTANCE CORPORATION

Principal Place of Business

**1615 POYDRAS ST., #1050
NEW ORLEANS LA 70112**

Mailing Address

**1615 POYDRAS ST., #1050
NEW ORLEANS LA 70112**

FILED
Jul 28 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/28/1997

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

72-1369946

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

**KOSLEN, MICHAEL
4701 N. FEDERAL HWY., #315 BOX A-7
LIGHTHOUSE POINT FL 33064**

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

TITLE **P** ☐ DELETE

NAME **GEORGE, GARY**
STREET ADDRESS **1615 POYDRAS ST., #1050**
CITY-ST-ZIP **NEW ORLEANS LA 70112**

TITLE **VDC** ☐ DELETE

NAME **KELLY, DENNIS**
STREET ADDRESS **1615 POYDRAS ST., #1050**
CITY-ST-ZIP **NEW ORLEANS LA 70112**

TITLE **DC** ☒ DELETE

NAME **DONOVAN, ALBERT**
STREET ADDRESS **1615 POYDRAS ST., #1050**
CITY-ST-ZIP **NEW ORLEANS LA 70112**

TITLE **D** ☒ DELETE

NAME **SIDAK, GREGORY**
STREET ADDRESS **1615 POYDRAS ST., #1050**
CITY-ST-ZIP **NEW ORLEANS LA 70112**

TITLE **D** ☒ DELETE

NAME **FINGERLE, BRUCE**
STREET ADDRESS **1615 POYDRAS ST., #1050**
CITY-ST-ZIP **NEW ORLEANS LA 70112**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **V/S/D** ☒ Change ☐ Addition

1.2 NAME **Kelly, Dennis E.**
1.3 STREET ADDRESS **1615 Poydras St., #1050**
1.4 CITY-ST-ZIP **New Orleans, LA 70112**

2.1 TITLE **D** ☐ Change ☒ Addition

2.2 NAME **Duncan, Brooke H.**
2.3 STREET ADDRESS **3301 Lafitte Ave.**
2.4 CITY-ST-ZIP **New Orleans, LA 70112**

3.1 TITLE **V/T** ☐ Change ☒ Addition

3.2 NAME **Stewart, Charles W.**
3.3 STREET ADDRESS **1615 Poydras St., #1050**
3.4 CITY-ST-ZIP **New Orleans, LA 70112**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **40000260599** ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS **-08/03/98--01111--040**
5.4 CITY-ST-ZIP *****150.00**

6.1 TITLE ☐ Change ☐ Addition


6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE: *[Signature]*

7/6/98 (504) 200-2000

CR2E034 (5/98)



July 20, 1998

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

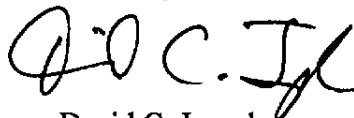
Re: American MetroComm Long Distance Corp. Annual Report

To Whom It May Concern:

Please accept the enclosed annual report for filing with your office. Pursuant to instructions from members of your office, I have enclosed a check for \$150.00 to cover the filing fee of the annual report. Because our office never received the first notice of the 1998 Profit Corporation Annual Report Packet, we were told that your office would waive the late penalty.

I appreciate your assistance with this matter and should you have any questions, please contact David Joseph or me at (504) 200-2000.

Sincerely,



David C. Joseph

Encl.

