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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9700005006 (8)

PRIDE PAYPHONES, INC.

## FILED May 13 1998 8:00am Secretary of State



Principal Place	e of Business	e tamtina tala filisi cadit dikita	Antil Antil Antil Chitt	At 2011 2011 901	ana Ball IBBI				
SABY ASHTON COURT 5497 ASHTON COURT									
SARASOTA FL 34233 SARASOTA FL 34233					DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qua	alified			
		<u> </u>			09/25/1997				
	lace of Business	2a. Mailing Address	1501	ICT	4. FEI Number		— <del>— -</del>	pplied For	
21 <b>り</b> りつこ Suite, Apt.		26 5 403 AS/4 Suite, Apt. #, etc.	TON	/ 0/	65-0730093			of Applicable	
22	#, θιC. 	27 Suite, Apt. #, etc.	<b></b>			<b>5.</b> Certificate of Status Desired S8.75 Additional Fee Required			
City & State	icath G	Cily & State	R	_	6. Election Campaign Finan	cing	\$5.00	May Be	
23 DAKH	BOIH, FL	28 17 121 2011	1 -		Trust Fund Contribution			to Fees	
<b>多</b> 川 ココ	22 Country	- 24022 F	Count	У	8. This corporation owes or				
24 270:	9. Name and Address of Current		<u> </u>		Personal Property Tax du  10. Name and Address of N			No	
10	<del></del>	Magazated Agent	8	1 Name	IV. Harrie Ella Madides VI IV	en negistaled	Agont		
Longwell, Alan G 5403 Ashton Court Sarasota Fl 34233						·			
				82 Street Address (P.O. Box Number is Not Acceptable)					
				3					
			8	1 City			<b>85</b> Zip	Code	
11 Pureupni i	to the provisions of Sections 607 BM2	and 607 1508. Florida Statutes	the abo	ve-named co	rooration submits this statement for	FL or the purpose of	- 1	te registered	
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familiar with, and accept the obligat	f Florida. Such change was au ions of, Section 607.0505, Flori	thorized t ida Statuti	by the corporates.	ation's board of directors. I hereby	/ accept the ap	pointment as	registered	
SIGNATURE	Signature, typed or printed name of registered agent	and trie it applicable (NOIE)	Begistered A	pent signaturn teg	uirod when reinslating)	DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO		D DIRECTOR	RS IN 12	
TITLE	PD	☐ DELETE 1.1 T					☐ Change	Addition	
NAME	BRANCH, DAVID		1.2 NAME						
STREET ADDRESS	5403 ASHTON COURT		1.3 STREET ADDRESS		•			1,	
CITY-ST-ZIP			1.4 CITY-	ST-ZIP					
TITLE	·		2.1 TITLE			2	Change	Addition 1	
NAME	HANSEN, DAN		22 NAME					1	
STREET ADDRESS	5403 ASHTON COURT		2.3 STREET ADDRESS						
CITY-ST-ZIP			2.4 CITY	-ST-ZIP			712		
TITLE	•		3.1 TITLE				Change	☐ Addition	
NAME			3.2 NAME	ľ				1	
STREET ADDRESS	6403 ASHTON COURT SARASOTA FL 34233			T ADDRESS					
CITY-ST-ZIP TITLE			3.4. CITY	- S1 - ZIP	* · · · · · · · · · · · · · · · · · ·	<del></del>	Change	Addition	
NAME		FT OFFER	4.7 TITLE	.			C Change	TT VOUIDAR	
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			4.4 CITY-	1					
TITLE		DELETE	5.1 TITLE	31-24			Change	Addition	
NAME	•	<u> </u>	5.2 NAME						
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			5.4 CITY-						
TITLE		DELETE	6.1 TITLE	· · · · · · · · · · · · · · · · · · ·		<del></del>	Change	Addition	
NAME			6.2 NAME						
STREET ADDRESS			2	T ADDRESS	•			1	
CITY-ST-ZIP			6.4 CITY-	- 1					
	ertify that the information supplied with	this filing does not qualify for			n Section 119 07(3)(i) Florida Stat	utes I further c	ertify that the	information	

6. I hereby certify that the information supplied with this fling 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 tegal 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 chapter 607 or on an attachment with an address.

SIGNATURE: MANA NAMA

4/30/98

941-924-5086