

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **F98000000452**

Corporation Name
INFO-TEL PREPAID SYSTEMS INC.

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90031 014 ***550.00

584301-90031-14



Principal Place of Business
**10 CORAL RIDGE DR. #353
CORAL SPRINGS FL 33071**

Mailing Address
**1440 CORAL RIDGE DR. #353
CORAL SPRINGS FL 33071**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1998

4. FEI Number

84-1410202

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☒ No

Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

**SMITH, KEITH
6151 MIRAMAR PKWY., #329
MIRAMAR FL 33023**

10. Name and Address of New Registered Agent

81

Name

Keith Smith

82

Street Address (P.O. Box Number is Not Acceptable)

1440 CORAL RIDGE DR. PMB 353

83

City

CORAL SPRINGS

84

City

CORAL SPRINGS

FL

85

Zip Code

33071

1. 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

Keith Smith
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6-30-99

2. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **CP
SMITH, KEITH**
STREET ADDRESS **6151 MIRAMAR PKWY. #329**
CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE ☒ DELETE

NAME **CV
BUCKNER, RON**
STREET ADDRESS **7828 S. MARSHALL ST.**
CITY-ST-ZIP **LITTLETON CO. 80123**

TITLE ☒ DELETE

NAME **DST
JONES, BRENDA**
STREET ADDRESS **10325 NW 2ND CT.**
CITY-ST-ZIP **MIAMI SHORES FL 33150**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**VP
ANORE VAUGHN Gibson
10251 S.W. 20th CT.
PEMBROKE PINES, FL. 33023**

☐ Change ☒ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**DST
VONNE JONES
10251 S.W. 20th CT.
PEMBROKE PINES, FL 33023**

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

4. 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:

Keith Smith
Signature, typed or printed name of signing officer or director

Date

6-30-99

Daytime Phone #

CR2E034 (5/99)