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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name

Principal Place of Business	Mailing Address
PO BOX 5730	PO BOX 5730
CARY NC 27512	CARY NC 27512

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90102 021 ***150.00

	LE TELEPHONE COMPANT,	1140-							
Principal Plac	ce of Business	Mailing Address					10111 0 0 111 90		1814 1811 1881
PO BOX 5730		PO BOX 5730							
CARY NC 2751	2	CARY NC 27512						22405	
						DO NOT WRITE	IN THIS	SPACE	
						3. Date Incorporated or Qualifed			
A D1: 1:-16	N	2- Mailing Address				06/15/1998 4. FEI Number			pplied For
—————————————————————————————————————	Place of Business	2a. Mailing Address	5			56-1542790			ot Applicable
Suite, Apt	th ata	26 Suite, Apt. #, et	tc				****		Additional
	#, etc.	27				5. Certifcate of Status Desired		•	equired
City & Sta	ate	City & State				6. Election Campaign Financing		\$5.00	May Be
		28			-	Trust Fund Contribution			to Fees
Zip	Country	Zip	Cor	untry		8. This corporation owes the current	year Inta	ngible	
24	25	29	30			Personal Property Tax.		Ŭ Yes	□No
<u>1</u>	9. Name and Address of Curren					10. Name and Address of New Reg	istered A	gent	
				81	Name				
	îlêr, wayne b			82	Street Adds	ress (P.O. Box Number is Not Acceptable	a)		
	1 VILLAGE BLVD., APT. 1017			02	Street Addi	issa (i .o. box indiribe) to not noseptable	-,		
WES	ST PALM BEACH FL 33409			83				•	
				-	0.7			es Zin	Code
				84	City		FL	85 Zip	Code
office or agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change	was authorize	d by th	named corp ne corporation	poration submits this statement for the pu on's board of directors. I hereby accept to	rpose of o	hanging its tment as re	s registered egistered
SIGNATURE	Signature, typed or printed name of registered ager								
		т апо шве п арржаске.	(NOTE: Registered	d Agent s	signature require	d when reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS	(NOTE: Registered		signature require	d when reinstating) ADDITIONS/CHANGES TO OFFICE			
TITLE	OFFICERS AN		13.		signature require			DIRECTO	DRS IN 12
	C LANCASTER, H. GLENN JR.	D DIRECTORS	13. ETE 1.1 TI		signature require				
TITLE	C LANCASTER, H. GLENN JR.	D DIRECTORS	13. ETE 1.1 TI 1.2 N	ITLE IAME	ADDRESS				
TITLE NAME	C LANCASTER, H. GLENN JR.	D DIRECTORS	13. ETE 1.1 TI 1.2 N 1.3 S	ITLE IAME	ADDRESS			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS	C LANCASTER, H. GLENN JR. 100C WOOD WINDS INDUSTRI	D DIRECTORS	13. ETE 1.1 TI 1.2 N 1.3 S 1.4 C	ITLE IAME TREET A	ADDRESS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LANCASTER, H. GLENN JR. 100C WOOD WINDS INDUSTRI CARY NC 27511	D DIRECTORS DELE AL CT.	13. ETE 1.1 TI 12 N 1.3 S 1.4 C ETE 2.1 TI	ITLE IAME TREET A	ADDRESS			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	C LANCASTER, H. GLENN JR. 100C WOOD WINDS INDUSTRI CARY NC 27511 CV WHITE, BRIAN 100 C WOOD WINDS INDUSTR	D DIRECTORS DELE AL CT.	13. ETE 1.1 TI 12 N 1.3 S 1.4 C ETE 2.1 TI 22 N	ITLE IAME TREET A TTY-ST-: ITLE	ADDRESS			☐ Change	Addition
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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 is 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D