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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90142 039 \*\*\*158.75

## **DOCUMENT # G11515**

1. Corporation Name

INTERNATIONAL BUSINESS TELEPHONE SYSTEMS, INC.

1									
4700 HIATUS R	HIATUS ROAD 201 ISE FL 33351  incipal Place of Business  Jite, Apt. #, etc.  Ity & State  P	ncipal Place of Business Mailing Address  HIATUS ROAD P.O. BOX 450657  IE 201 SUNRISE FL 33345-0657				·		DO NOT WRITE IN THIS SPACE	
US .					3. Date Incorporated or Qualifed 11/24/1982				
Principal Place of Business     2a. Mailing Address			ddress	- Con-			4. FEI Number Applied For 59-2281407 Not Applicable		
			Suite, Apt. #, etc.				5. Certificate of Status Desired  \$8.75 Additional Fee Required		
City & State	e	City & State					6. Election Campaign Financing \$5.00 May Be		
23 Zip	Country	28 Zip					Trust Fund Contribution Added to Fees  8. This corporation owes the current year Intangible		
24	25	29	30			-	Personal Property Tax. Yes No  10. Name and Address of New Registered Agent		
]	9. Name and Address of Cur	rent Registered Age	nt		31	Name	10. Name and Address of New Registered Agent		
					32		ddress (P.O. Box Number is Not Acceptable)		
					33				
`				84 City		City	FL 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Prorida 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   Note: Registered Agent signature required when reinstating)   DATE									
	Signature, typed or printed name of registered		(NOTE:		gent	signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	P	AND DIRECTORS	DELETE	13. 1.1 TITU			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME			1.2 NAM						
STREET ADDRESS 8640 N.W. 53RD CT.		1.3 \$			EET	ADDRESS			
CITY-ST-ZIP	LAUDERHILL FL	1.4.0		1.4 CITY	-ST-	-ZIP			
TITLE				2.1 TTTL	Ė		☐ Change ☐ Addition		
NAME	,		2.2 NAM	2.2 NAME					
STREET ADDRESS		2.3 8		2.3 STR	EET.	ADDRESS			
CITY-ST-ZIP				2.4 CIT	Y-ST	T- ZIP	C Addition		
TITLE			☐ DELETE 3.1°				☐ Change ☐ Addition		
NAME				3.2 NAM					
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP			DELETE	3.4. CIT		T-ZIP	Change Addition		
TITLE		L	7 nereie	4.1 IIIL					
NAME				1		ADDRESS	•		
STREET ADDRESS				4.4 CITY					
TITLE		- · · [	DELETE	5.1 TITL			Change Addition		
NAME		_		5.2 NAM					
STREET ADDRESS				5.3 STR	EET	ADDRESS			
CITY-\$T-ZIP				5.4 CITY	-ST	-ZIP			
TITLE			DELETE	6.1 TITL	E		☐ Change ☐ Addition		
NAME				6.2 NAM	KE.				
STREET ADDRESS				6.3 STR	EET	ADDRESS			
CULY OF AID				6.4 CITY	/-ST	r-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, agon an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

4/13/99 9547419884