

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS****APPROVED
AND
FILED****95 APR 28 AM 10:36****SECRETARY OF STATE
TALLAHASSEE, FLORIDA****DOCUMENT # G76668 (4)**

1. Corporation Name

MIDTOWN TEL COM, INC.

Principal Place of Business

**7501 N. ARDENNA AVE. (33604)
P.O. BOX 261343
TAMPA FL 33685**

Mailing Address

**PO BOX 261343
TAMPA FL 33685
US**

DO NOT WRITE IN THIS SPACE.

9. Date Incorporated or Qualified

12/27/1983

3a. Date of Last Report

04/13/1994

4. FEI Number

59-2394805

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**3. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 8422 BEDFORD LANE

2a. Mailing Address

26 P.O. BOX 261343

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 HOUSE**27**

City & State

23 TPA-FLA

City & State

28 TAMPA-FL

Country

24 33615

Country

25

Country

29 33685

Country

30

9. Name and Address of Current Registered Agent

ORTIZ, ALFONSO**7501 N. ARDENNA AVE.
TAMPA FL 33604****8422 BEDFORD LN
TPA-FL 33615**

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

CITY - ST - ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

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

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALFONSO ORTIZ 4-25-95 813-935-3884