

09171999-90009-013-\$150.00-\$150.00 * 09171999-90009-014-\$400.00-\$400.00 1999.

PROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 99 OCT 12 PM 2:20

DOCUMENT # J60061 ✓
 1. Corporation Name
CITY TELEPHONE COMPANY

Principal Place of Business Mailing Address
 P.O. BOX 50125 P.O. BOX 50125
 LIGHTHOUSE POINT FL 33074 LIGHTHOUSE POINT FL 33074

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
 22. City & State 27. City & State
 23. Zip 28. Country 29. Zip 30. Country

3. Date Incorporated or Qualified
02/27/1987
 4. FEI Number Applied For
65-0104662 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
 7. This corporation owes the current year Intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent
WHITAKER, PHIL
8281 N.E. 20 TERRACE
FORT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent
 81 Name **Phil Whitaker**
 82 Street Address (P.O. Box Number is Not Acceptable) **131 E. COMMERCIAL BLVD, #100**
 83 City **PORT LAUDERDALE FL**
 84 Zip Code **33304**

11. Pursuant to the provisions of sections 807.0502 and 807.1508, 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 807.0505, Florida Statutes.
 SIGNATURE *Phil Whitaker* DATE **7/5/95**

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE <input type="checkbox"/>
NAME	WHITAKER, PHIL	
STREET ADDRESS	4025 SW 15TH ST #E103	
CITY-ST-ZIP	POMPANO BCH FL 33069	
TITLE	V	DELETE <input type="checkbox"/>
NAME	WHITAKER, STEPHANE	
STREET ADDRESS	4025 SW 15TH ST #E103	
CITY-ST-ZIP	POMPANO BCH FL 33069	
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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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)(f), 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.
 SIGNATURE: *Phil Whitaker* **SIGNATURE REQUIRED** DATE: **7/5/95** TELEPHONE: **952-993-9700**

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