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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J78872

1. Corporation Name

KEY TELEPHONE COMPANY

, , , , , , , , , , , , , , , , , , ,								
Principal Place of Business		Mailing Address				(1004)10 DITL 1000% IBSB) IBITY 1000% OFBIT BYBY DIGHT	н	
23399 RIO DEL MAR DR. BOCA RATON FL 33486 US 23399 RIO DEL MAR DR. BOCA RATON FL 33486 US						DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed		
						06/18/1987	- {	
2. Principal Pl	ace of Business	2a. Mailing Add	iress			4. FEI Number Applied For	7	
21		26				59-2823460 Not Applicab	le	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additional		
22		27				5. Certificate of Status Desired Fee Required	4	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be	-	
23		28				Trust Fund Contribution Added to Fees	\dashv	
Zip	Country	Zip	[]]	Country		8. This corporation owes the current year Intangible Personal Property Tax. ✓ Yes □ No		
24	25	29	30			Personal Property Tax. Yes No 10. Name and Address of New Registered Agent	\dashv	
	9. Name and Address of Curre	int Registered Agent	•	81	Name		ㅓ	
FNG	ELKE, PAUL G.					1.01		
23399 RIO DEL MAR DR				82	Street /	et Address (P.O. Box Number is Not Acceptable)		
	A RATON FL 33486			83			ᅥ	
							_	
•				84	City	FL 85 Zip Code		
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such cha pations of, Section 607	nge was autho '.0505, Florida	nzed by Statutes	tne corpo	ed corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered required when reinstating) DATE	į	
	Signature, typed or printed name of registered ag	IND DIRECTORS	(NOTE: Regi	13.	it signature n	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	\dashv	
12.	D		DELETE	1.1 TITLE		☐ Change ☐ Addit	_	
NAME	ENGELKE, PAUL G.	_		1.2 NAME				
STREET ADDRESS	23399 RIO DEL MAR DR	, .		1.3 STREET	ADDRESS	ss	ļ	
CITY-ST-ZIP	BOCA RATON FL		1.4 CF					
TITLE	D			2.1 TITLE		Change Addit	ion	
NAME	ENGELKE, JUDY B.			2.2 NAME			1	
STREET ADDRESS	23399 RIO DEL MAR DR			2.3 STREET	ADDRESS	s		
CITY-ST-ZIP	BOCA RATON FL			2.4 CITY-S	T-ZIP	· · · · · · · · · · · · · · · · · · ·	_	
TITLE	D		DELETE	3.1 TITLE		, Change ☐ Addit	ion)	
NAME	ENGELKE, JOHN P.	•		3.2 NAME		021 512.2155.	-	
STREET ADDRESS	1469 SW 24 TERR		ı	3.3 STREET	ADDRESS	831 5.W. ZI ST. BOCA PATON, FL 33486		
CITY-ST-ZIP	DEERFIELD BEACH FL			3.4. CITY- S	T-ZIP		_	
TITLE			☐ DELETE 4.1 π			☐ Change ☐ Addii	ion	
NAME				4. 2 NAME			- }	
STREET ADDRESS				4.3 STREET	ADDRESS	SS		
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		ios		
TITLE				5.1 TITLE		Change Addit	((IOL	
NAME ,				5.2 NAME				
STREET ADDRESS				5.3 STREET		SS		
CITY-ST-ZIP				5.4 CITY-S' 6.1 TITLE	1-2P	Change Addii	tion	
TITLE		Ц	DELETE	6.2 NAME		□ Citalide 1 → Mail	'	
NAME				6.3 STREET	LADOBECC	200		
STREET ADDRESS	•			COSINCE	, workers	~		

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, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE REPAURICA ENCELLE