

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morahan  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **J93798** (3)

1. Corporation Name  
**FLORIDA TELESYSTEMS, INC.**



Principal Place of Business: **C O CHARLES L HARMAN 6250 82ND AVE NO SUITE 200 PINELLAS PARK FL 34665 US**

Mailing Address: **C/O CHARLES L HARMAN 6250 82ND AVE NO SUITE 200 PINELLAS PARK FL 34665 US**

3. Date Incorporated or Quoted: **09/16/1987**

3a. Date of Last Report: **06/05/1995**

4. FEI Number: **65-0149466**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24

2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: **HARMAN, CHARLES L 9061 ST ANDREWS DR LARGO FL 34647**

10. Name and Address of New Registered Agent: 81, 82, 83, 84, 85

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE: <b>D</b>	<input type="checkbox"/> DELETE
NAME: <b>VICK, CHARLES</b>	
STREET ADDRESS: <b>3775 KUMQUAT AVE</b>	
CITY-ST-ZIP: <b>MIAMI FL 33131</b>	
TITLE: <b>VP</b>	<input type="checkbox"/> DELETE
NAME: <b>HARMAN, CHARLES L</b>	
STREET ADDRESS: <b>9061 ST ANDREWS DR</b>	
CITY-ST-ZIP: <b>LARGO FL</b>	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
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 established in Section 119.07(3)(a), 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 its president 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, checked, and, if necessary, marked with an asterisk.

SIGNATURE: *Charles L. Harman* 4-16-96 813-541-2600

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)