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CORPORATION ANNUAL REPORT 1995



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

95 MAY -1 AM 9:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # K61720 (4)

1. Corporation Name PUBLIC TELEPHONE NETWORK, INC.

Principal Place of Business 6600 N.W. 27TH AVENUE, W-100 MIAMI FL 33247-0307

Home Address 6600 N.W. 27TH AVENUE, W-100 MIAMI FL 33247-0307

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/23/1989 3a. Date of Last Report 05/31/1994

4. FFI Number 65-0200945 Applied For Not Applicable

5. Certificate of Status: Desired [X] \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contributions [] \$5.00 May Be Added to Fees

8. This corporation has liability for advertising fees under 22-1202, Florida Statutes [] Yes [X] No

2. Principal Place of Business

2a. Mailing Address

21. []

26. PO. BOX 470307

22. State, Apt. # etc.

27. MIAMI, FLORIDA

23. City & State

28. MIAMI, FLORIDA

24. []

29. 33147

30. DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAUGHTREY, NEWALL J 6600 N.W. 27TH AVENUE, W-100 MIAMI FL 33247-0307

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.04 and 607.05 of the 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 607.04 of the Florida Statutes.

SIGNATURE

Name of Agent (Print Name and Title) (Print Name and Title)

Name of Registered Agent (Print Name and Title) (Print Name and Title)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (If 12)

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY, STATE, ZIP. Rows include PSD DAUGHTREY, NEWALL J and CD REEVES, GARTH C.

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY, STATE, ZIP. Includes checkboxes for Change and Addition.

14. I, the undersigned, certify that the information supplied with this report is voluntarily furnished and is true and correct to the best of my knowledge. I further certify that the information included on this annual report or supplementary annual report is true and correct 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 manager or trustee engaged to prepare this report as required by Florida Statutes, and that my name appears in Block 1, or Block 1a of a completed or uncompleted annual report.

SIGNATURE: [Signature] NEWALL J. DAUGHTREY

4/28/95 305-696-5768