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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 27, 1999 8:00am

**Secretary of State** 

01-27-1999 90015 020 \*\*\*150.00

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # L25129

1. Corporation Name

LONG DISTANCE ENTERTAINMENT, INC.

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Division Disco	of Business	Mailing Add	Iress			+ indilibit ara typer array mare	1,218 181, 5151, 616		• • • • • • • • • • • • • • • • • • • •
Principal Place of Business			568 E WOOLBRIGHT RD						
3221 CHAPEL HILL BLVD BOYNTON BEACH FL 33435		#234			DO NOT WRITE IN THIS SPACE				
US		BOYNTON BEACH FL 33435			3. Date Incorporated or Qualifed				
		US		•		10/24/1989	•	•	Ì
	·					4. FEI Number		Applie	ed For
2. Principal Pla	ace of Business	2a. Mailing	Address	•		65-0208840			pplicable
21 26 Suite, Apt. #, etc		est # etc					\$8.75 Add	ditional	
Suite, Apt. #, etc.		s, Apr. #, etc.		5. Certificate of Status Desired		Fee Requ	ired		
<u> </u>		27 City & S	State			6. Election Campaign Financir	ng 🗆	\$5.00 M	ay Be
City & State		· ·	28			Trust Fund Contribution		Added to	Fees
23]			Zip Country			8. This corporation owes the c	urrent year Inta	ingible	<b>.</b>
		29	¬ '			Personal Property Tax.			]No
24	9. Name and Address of Curren		gent			10. Name and Address of Ne	w Registered A	Agent	<del></del>
	J			81	Name				
DELA	NO, DARLENE	3, 200		82	Street Add	ress (P.O. Box Number is Not Acce	eptable)	,	
3221	CHAPEL HILL BLVD			~ L_			. 1978 at 1990 15	The discount of	3 2/\$1) (3.5)
BOY	NTON BEACH FL 33435			83			<b>。提到稅利</b>		
			-	84	City			85 Zip Co	de
		_						changing its re	agistered
11 Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508	, Florida Statutes	, the abov	e-named corporati	poration submits this statement for ion's board of directors. I hereby a	the purpose of scept the appoil	ntment as regi	stered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Sucr itions of, Section	i change was aud i 607.0505, Floric	la Statutes	s.				ļ
ŀ	in familiar with, and doops the bonds	2.	,			•	DATE		
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable	e. (NOTE: R	tegistered Age	nt signature requir	ed when reinstating),; ADDITIONS/CHANGES TO		ID DIRECTOR	S IN 12
12.	OFFICERS AN	ND DIRECTORS	<u> </u>	13.			OFFICERS AN	Change	Addition
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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)(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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

AND TYPET OR PENNIED NAME OF SIGNING OFFICER OR DIRECTOR

5/0/3670135 Daytime Phone #

(Apply // Kenaca