## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90104 010 \*\*\*150.00

1. Corporation	MENT # M2426 NAME LEPHONE, INC.	7				
Principal Place	of Business	Mailing Address	-		[   0.00	0:1 010:1 0:010 0:010 0:010 ####: 1001
•		·	10211 W. SAMPLE RD			
10211 W. SAMP SUITE 111	LE HD.	SUITE 111				
CORAL SPRING	S FL 33065	CORAL SPRINGS FL 3306	5		DO NOT WRITE IN T	HIS SPACE
		US			3. Date Incorporated or Qualifed	
					12/06/1985	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Apr lied For
21		26			59-2610570	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		_	5. Certifcate of Status Desired	\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State	9	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Cour try	Zip	Count	ry	8. This corporation owes the current year	
24	25	29	30		Persor al Property Tax.	☐ Yes ☐ No
	<ol><li>Name and Address of Current</li></ol>	ent Registered Agent			10. Name and Address of New Registe	red Agent
uro	DIAM IOURI E		8	1 Name		
3239 NW 102NU TERR.				dress (P.O. Box Number is Not Acceptable)		
					,	
CORAL SPRINGS FL 33065			8	3		
			-	4 City		85 Zip Code
			°	City		
office crre agent. ⊢ai SIGNATUFE	egistered agent, or both, in the Stat in familiar with, and accept the oblig Signature, typed or printed hame of registered a	le of Florida. Such change was gations of, Section 607.0505, Fl	authorized b orida Statute	es.	poration submi s this statement for the purpos sion's board of (lirectors. I hereby accept the a red when reinstating)	of continent as red stereo
12.		ANI) DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	VP	☐ DELETE	1.1 ∏TLE			☐ Change ☐ Addition
NAME	WYNSCHENK, MITCHEL I		1.2 NAMI	<b>E</b>		
STREET ADDRESS	10211 W. SAMPLE RD SUITE	E 111	1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY	· ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE	:		☐ Change ☐ Addition
NAME	HERDMAN, JOHN E.		2.2 NAM	E		
STREET ADDRESS	10211 W. SAMPLE RD SUITE	111	2.3 STRE	ET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		2.4 CITY	-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAM	E		
STREET ADDRESS			3 3 STRE	ET ADDRESS		
CITY-ST-ZIP			3 4. CITY	-ST-ZIP	<u></u>	
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4 2 NAM	E		
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY	-ST-ZIP	_	
TITLE	<del></del>	☐ DEFELE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAM	E		
STREET ADDRESS			5.3 STRE	ET ADDRESS		
CITY-ST-ZIP			54 CITY	-ST-ZIP		
TITLE		☐ DELETE	6.1 TITUE			☐ Change ☐ Addition

CITY-ST-ZIP 14. I hereby certify that the informat on 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.

E OF SIGNING OFFICE OR DIRECTOR

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS