FILE NOW: FILING FEE AFTER MAY 1, 1995 $[illegible]

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 AM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **M29409** **(3)**

1. Corporation Name

ADVANCED PAY PHONE, INC.

Principal Place of Business
1149 SAWGRASS CORPORATE PKWY.
SUNRISE FL 33323
US

Mailing Address
1149 SAWGRASS CORPORATE PRKWY.
SUNRISE FL 33323
US

3. Date Incorporated or Qualified: 03/24/1986

3a. Date of Last Report: 03/17/1994

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number: 59-2658498 — Applied For / Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

City & State
23

City & State
28

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

24 25 29 30

8. [illegible] Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HANSEN, ROBERT K.
1149 SAWGRASS CORPORATE PARKWAY
SUNRISE FL 33323

10. Name and Address of New Registered Agent

81 Name

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

83

84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.0508, 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 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City, State, Zip
PD	HANSEN, ROBERT K.	1149 SAWGRASS CORPORATE PARKWAY	SUNRISE FL
VD	HANSEN, PAUL A.	1149 SAWGRASS CORPORATE PARKWAY	SUNRISE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing, submitted voluntarily, is accurate and 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, to the best of my knowledge and belief, is true, complete 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 a receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on the attached amendment, or on another document with an address.

SIGNATURE: PAUL A. HANSEN — 4-26-95 — 305-846-0600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0231302 CP