

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # M47150 (1)

1. Corporation Name
A.A.A. PAYPHONE, INC.



Principal Place of Business Mailing Address
7800 RED ROAD, SUITE 125 SOUTH MIAMI FL 33143 **7800 RED ROAD, SUITE 125 SOUTH MIAMI FL 33143**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/24/1987	3a. Date of Last Report 06/26/1995
21	Suite, Apt #, etc	26	Suite, Apt #, etc	4. FEI Number 59-2836257	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
KOHNER, DONALD G. 2571 TIGERTAIL AVE. MIAMI FL 33133				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 _____ DATE _____
(NOTE: Registered Agent signature required when applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
	VT KOHNER, DONALD G 2571 TIGERTAIL AVE. MIAMI FL	12 NAME	
	V KOHNER, DAVID B 100 LINCOLN RD 1408 MIAMI BEACH FL	13 STREET ADDRESS	
		14 CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		21 TITLE	
		22 NAME	
		23 STREET ADDRESS	
		24 CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		31 TITLE	
		32 NAME	
		33 STREET ADDRESS	
		34 CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		41 TITLE	
		42 NAME	
		43 STREET ADDRESS	
		44 CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		51 TITLE	
		52 NAME	
		53 STREET ADDRESS	
		54 CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		61 TITLE	
		62 NAME	
		63 STREET ADDRESS	
		64 CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Donald G. Kohner* **DONALD G. KOHNER** 8/2/96 305 663 3259
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)