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CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 AM 11:40

DOCUMENT # **M50222** (2)

SOUTHEAST PAY TELEPHONE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Incorporation: **C/O JAMES A. BIMONTE
2848 STIRLING RD. UNIT F & G
HOLLYWOOD FL 33020**

Mailing Address: **1393 SW 12 AVE.
2848 STIRLING RD. UNIT F & G
POMPANO FL 33069
US**

3. Date incorporated or qualified: **04/14/1987** 3a. Date of Last Report: **01/25/1994**

4. FEI Number: **59-2810793** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **1393 SW 12 AVE**

2a. Mailing Address: **1393 SW 12 AVE**

22. State Apt. #, etc.: **Pompano Beach Fla**

23. City & State: **33069**

24. Zip: **33069**

25. Country: **USA**

29. Country: **USA**

9. Name and Address of Current Registered Agent

BIMONTE, JIM
2848 STIRLING RD, F&G
HOLLYWOOD FL 33020

1393 SW 12 AVE
Pompano 33069

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number or Not Applicable)

83.

84. City

85. State: **FL**

86. Zip Code

11. This report is filed in compliance with Sections 607.0102 and 607.1106, Florida Statutes. The above named corporation submits this statement for the purpose of changing its registered office to the principal place of business 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 a resident of the State of Florida. Section 607.0103, Florida Statutes.

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS

NAME: **BIMONTE, JAME A.**

ADDRESS: **2848 STIRLING RD F&G**

CITY: **HOLLYWOOD FL**

STATE: **FL**

ZIP: **33020**

1393 SW 12 AVE
Pompano Fla 33069

NAME: **LATTINELLI, CARLO**

ADDRESS: **2848 STIRLING ROAD**

CITY: **HOLLYWOOD FL**

STATE: **FL**

ZIP: **33020**

1393 SW 12 AVE
Pompano 33069

SIGNATURE: **JIM BIMONTE** 1/10/95 782-1646

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and shows full compliance with the provisions of sections 607.0102 and 607.1106, Florida Statutes. I further certify that the information is true and correct. The corporation's registered agent has accepted this report and that they, a partner, will have the same legal effect as if made under the provisions of the Florida Statutes for the corporation or the business of the corporation. I hereby certify that the report is prepared by, or under the direction, liability, and that my name appears on the report. I am a resident of the State of Florida. Section 607.0103, Florida Statutes.