

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


FILED

Jan 20, 1999 8:00am  
Secretary of State

01-20-1999 90002 008 \*\*\*\*150.00



DO NOT WRITE IN THIS SPACE

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|--|--|--|---|---|--|
| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b>   |  |         |   | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS  |  |
| <b>DOCUMENT # M50222</b><br>1. Corporation Name<br><b>SOUTHEAST PAY TELEPHONE, INC.</b>  |  |  |   |   |  |
| Principal Place of Business<br><b>1393 SW 12 AVE<br/>POMPANO BEACH FL 33069<br/>US</b>   |  |  | Mailing Address<br><b>1393 SW 12 AVE<br/>POMPANO BEACH FL 33069<br/>US</b>  |   |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country  |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |   | 3. Date Incorporated or Qualified<br><b>04/14/1987</b><br>4. FEI Number<br><b>59-2810793</b><br>5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b><br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 9. Name and Address of Current Registered Agent<br><b>BIMONTE, JIM<br/>1393 SW 12 AV<br/>POMPANO BEACH FL 33069</b>  |  |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City <b>FL</b> 85 Zip Code   |   |  |
| 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.<br>SIGNATURE <i>[Signature]</i> DATE <i>1/18/99</i><br>(NOTE: Registered Agent signature required when reinstating) |  |  |   |   |  |
| 12. OFFICERS AND DIRECTORS<br>TITLE NAME STREET ADDRESS CITY-ST-ZIP<br>1.1 <input type="checkbox"/> DELETE<br><b>P BIMONTE, JIM<br/>1393 SW 12 AV<br/>POMPANO BEACH FL 33069</b><br>1.2 <input type="checkbox"/> DELETE<br><b>V LATTINELLI, CARLO<br/>1393 SW 12 AV<br/>POMPANO BEACH FL</b><br>1.3 <input type="checkbox"/> DELETE<br><br>1.4 <input type="checkbox"/> DELETE<br><br>1.5 <input type="checkbox"/> DELETE<br><br>1.6 <input type="checkbox"/> DELETE<br><br>1.7 <input type="checkbox"/> DELETE  |  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP<br>3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP<br>4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP<br>5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP<br>6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP |   |  |

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 changed, or on an attachment with an address, with an other like empowered.

SIGNATURE

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (11/98)



# SOUTHEAS PAY TELEPHONE

**FILED**  
**Jan 20, 1999 8:00am**  
**Secretary of State**

01-20-1999 90002 008 \*\*\*150.00

Southeast Pay Telephone, Incorporated

January 4, 1999

DIVISION OF CORPORATIONS  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Gentlemen:

This letter is being sent to advise you that Southeast Pay Telephone, Inc. has had its name since its inception in 1989. For some reason, incomprehensible to me, you allowed a company from Orlando to use the name Southeast Pay Phone, Inc., which has created problems for us.

Because of the similarity in names, we have received numerous complaints about Southeast Pay Phone, Inc., including some from the Public Service Commission.

Apparently, there is no way of distinguishing between the two companies which have nothing to do with each other.

**Southeast Pay Telephone, Inc.**  
**Southeast Pay Phone, Inc.**

**WHAT IS THE DIFFERENCE BETWEEN A PAY PHONE AND A PAY TELEPHONE?**

Isn't there something you can do about this so that the confusion is eliminated?

Your prompt reply will be greatly appreciated.

Very truly yours,

SOUTHEAST PAY TELEPHONE, INC.

  
James Bimonte  
President

/aam