


FILE NOW: Fee after May 1, will be \$588.75

**APPROVED
AND
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1997 MAR 10 AM 8:36

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company AMERICALL PAYPHONE LIMITED LIABILITY COMPA NY 2701 NORTH ROCKY POINT DRIVE TAMPA FL 33607	DOCUMENT #M96000000384
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1a. Principal Place of Business Address 2701 NORTH ROCKY POINT DRIVE TAMPA FL 33607

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip	3. Date Organized or Qualified 09/30/1996	3a. State of Formation NV
		4. FEI Number 88-0353993	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> as to Addition of Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent CASILIO, PAULA R 2701 NORTH ROCKY POINT DRIVE TAMPA FL 33607	8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE <u>Paula R. Casilio</u> DATE <u>3/7/97</u> (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	OTTO, EDWARD	8247 HASCALL ST.	OMAHA NE
MGRM	CASILIO, PAULA R	8801 BRAMBLEWOOD BLVD.	LAND O' LAKES FL
MGRM	MABALOT, ALFRED D	8080 MARSTON WAY	SAN JOSE CA
MGRM	LEACH, DON	P.O. BOX 26550	BENBROOK TX
MGRM	KENDZIOR, ROMAN	9588 DAVONA DRIVE	SAN RAMON CA
MGRM	EDWARDS, JAMES	4301 S. PINE, SUITE 32	TACOMA WA

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (f), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address. SIGNATURE: <u>Paula R. Casilio</u> <u>3/7/97</u> <u>800-973-1255</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #
