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FILED
May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P11407

(4)

1. Corporation Name
ELCOTEL, INC.



Principal Place of Business
6428 PARKLAND DRIVE
SARASOTA FL 34243

Mailing Address
6428 PARKLAND DRIVE
SARASOTA FL 34243-4038

3. Date Incorporated or Qualified 09/10/1986	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2518405	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

GRAY, TRACEY L
6428 PARKLAND DRIVE
SARASOTA FL 34243

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUIROS, ALVARO	1.2 NAME	
STREET ADDRESS	3702 SPYGLASS HILL ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	VTS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOBIN, RONALD M	2.2 NAME	
STREET ADDRESS	4086 VIA MIRADA	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, TRACEY L	3.2 NAME	
STREET ADDRESS	5818 LONGBOAT BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUPLEE, RAYMOND T.	4.2 NAME	Suplee, Raymond T.
STREET ADDRESS	1770 WOOD STREET	4.3 STREET ADDRESS	200 S. Osprey Ave, Bldg A
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	Sarasota, FL
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTON, THOMAS E.	5.2 NAME	
STREET ADDRESS	1178 HUNTOVER CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MCLEAN VA	5.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, C SHELTON	6.2 NAME	James, C. Shelton
STREET ADDRESS	4101 N. OCEAN BLVD., APT.405	6.3 STREET ADDRESS	310 E. Royal Palm Rd
CITY-ST-ZIP	BOCA RATON FL	6.4 CITY-ST-ZIP	Boca Raton, FL

14. I do 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

43097

Date

Daytime Phone #

CR2E034 (9/96)