

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0114648

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P15229**

(8)

1. Corporation Name
PHONETEL TECHNOLOGIES, INC.



Principal Place of Business

**650 STATLER OFFICE TOWER
1127 EUCLID AVE.
CLEVELAND OH 44115
US**

Mailing Address

**650 STATLER OFFICE TOWER
1127 EUCLID AVE.
CLEVELAND OH 44115
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/16/1987

4. FEI Number

34-1462198

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 **1001 LAKESIDE AVE.**
Suite, Apt. #, etc.

22 **7TH FL.**
City & State

23 **CLEVELAND, OH**
Zip

24 **44114**

25 **US**

2a. Mailing Address

26 **1001 LAKESIDE AVE.**
Suite, Apt. #, etc.

27 **7TH FL.**
City & State

28 **CLEVELAND, OH**
Zip

29 **44114**

30 **US**

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	ABRAMS, JOSEPH	
STREET ADDRESS	85 OLD FARM ROAD	
CITY-ST-ZIP	BEOMINSTER NJ	
TITLE	DCEO	<input type="checkbox"/> DELETE
NAME	GRAF, PETER	
STREET ADDRESS	6 EAST 43RD STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HENRY GEORGE	
STREET ADDRESS	6880 SUNRISE CORT	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOLLANDER, STUART	
STREET ADDRESS	31 LAKE FOREST	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KATZMAN, ARON	
STREET ADDRESS	10 LAYTON TERRANCE	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MAXEY, NICKY B	
STREET ADDRESS	19B BOW CIRCLE	
CITY-ST-ZIP	HILTON HEAD SC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STEVEN RECHMAN	
1.3 STREET ADDRESS	9 BEECH LANE	
1.4 CITY-ST-ZIP	KINGS POINT, NY 11024	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 a new address.

SIGNATURE:

Richard P. Kerrey

RICHARD P. KERREY

(214) 241-2555

CR2E034 (5/98)