

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

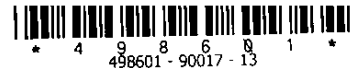
**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90017 013 \*\*\*150.00

**DOCUMENT #**

1. Corporation Name P15514  
Peoples Telephone Company, Inc.

Principal Place of Business Mailing Address  
2300 89th Place 2300 89th Place  
Miami, FL 33172 Miami, FL 33172



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
8-10-87

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 10120 Windhorst Rd.	26 10120 Windhorst Rd.	13-262435	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23 Tampa, FL	28 Tampa, FL	Trust Fund Contribution	
Zip Country	Zip Country	8. This corporation owes the current year Intangible Personal Property Tax.	Yes No
24 33619 25 USA	29 33619 30 USA		

9. Name and Address of Current Registered Agent

Prentice Hall Corporation System, Inc.  
1201 Hayes Street, Ste. 105  
Tallahassee, FL 32301

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

TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	Craig Sanders	
STREET ADDRESS	2300 NW 89th Place	
CITY-ST-ZIP	Miami, FL 33172	
TITLE	CFO	<input checked="" type="checkbox"/> DELETE
NAME	William A. Baum	
STREET ADDRESS	2300 NW 89th Place	
CITY-ST-ZIP	Miami, FL 33172	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Robert Lund	
STREET ADDRESS	2300 89th Place	
CITY-ST-ZIP	Miami, FL 33172	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Justin S. MacCarone	
STREET ADDRESS	299 Park Ave., 34th Floor	
CITY-ST-ZIP	New York, NY	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Jody Frank	
STREET ADDRESS	666 Fifth Ave., 13th Floor	
CITY-ST-ZIP	New York, NY	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Charles Delaney	
STREET ADDRESS	299 Park Ave., 34th Floor	
CITY-ST-ZIP	New York, NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/ Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	David R. Hill	
1.3 STREET ADDRESS	10120 Windhorst Rd.	
1.4 CITY-ST-ZIP	Tampa, FL 33619	
2.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Theodore C. Rammelkamp	
2.3 STREET ADDRESS	10120 Windhorst Rd.	
2.4 CITY-ST-ZIP	Tampa, FL 33619	
3.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Michael E. Hayes	
3.3 STREET ADDRESS	10120 Windhorst Rd.	
3.4 CITY-ST-ZIP	Tampa, FL 33619	
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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)