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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000002180 (7)

May 05 1998 8:00am Secretary of State

0.8.	PAYPHONES INC.				
Principal Plac	ce of Business	Mailing Address			il Edito tidel linel latil daki ladi
11207 N.W. 15TH STREET SUITE 304 PEMBROKE PINES FL 33028		11207 N.W. 15TH STREET SUITE 304 PEMBROKE PINES FL 33026		DO NOT WRITE IN TH	IC RDAME
PEMBHOKE US	: PINES EL JJUEO	PEMBROKE PINES F US	L 33026	3. Date Incorporated or Qualified	15 STAGE
•••		•		10/30/1992	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0368082	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Sta	te	City & State		Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25 g. Name and Address of Currer	29	30	Personal Property Tax due June 30.	Yes No
ļ		At Hegistered Agent	61 Name	10. Name and Address of New Registere	ed Agent
	DELEMOS, GEORGE		O1 Name		
_	11207 N.W. 15TH STREET		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	SUITE 304		83		
*	PEMBROKE PINES FL 33026		63		
			84 City		85 Zip Code
office or	to the provisions of Sections 607 050 registered agent, or both, in the State arm familiar with, and accept the oblig Stipative typed or protest fame of registered age.	e of Florida. Such change wagations of, Section 607.0505,	as authorized by the corpore, Florida Statutes.	orporation submits this statement for the purpose ration's board of directors. I hereby accept the a	appointment as registered
12.		ND DIRECTORS	NOTE Registered Agent aignature requ	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D OFFICENS AIN	DELETE	1.1 TOTLE	ADDITIONS/OFFICE TO OFFICE IS A	Change Addition
NAME	DELEMOS, GEORGE		1.2 NAME		
STREET ADDRESS	11207 N.W. 15TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		1.4 CITY-ST-ZIP		
TITLE	(Chiprione i nico : C	DELETE	2.1 TITLE		Change Addition
NAME	1	—	2.2 NAME		— v
STREET ADDRESS	1		2.3 STREET ADORESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME		<u></u> .	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	İ		3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME	ĺ	•	4. 2 NAME		— · · · · · _
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	<u> </u>	☐ Change ☐ Addition
NAME		-	5.2 NAME		<u> </u>
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP	Í		54 CITY-ST-ZIP		
TITLE		DELETE	61 TITLE		Change Addition
NAME			62 NAME		
•			6.3 STREET ADDRESS		

14. Thereby 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 frue 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 recoiver 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.

SIGNATURE:

4-27-98 954-436-4986