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

PROFIT CORPORATION ANNUAL REPORT

1999

U.S. PAYPHONES INC.

1. Corporation Name



DOCUMENT # P92000002180

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90173 004 \*\*\*158.75

## N (NA)KODO KIO 19180 FIEKI SONK DONK EDIKI DOKK ODIK IPIG KARIK KIOD KOKA ARKI 1884 KECI

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Principal Place	e of Business	Mailing	Address					181 <b>0 1</b> (41 <b>0 1</b> (11 <b>0</b> )		11881 16	)); <b>68</b> () ( <b>49</b> )
11207 N.W. 157	TH STREET	11207 N	W. 15TH STREET								
SUITE 304		SUITE 3					DO NOT	MOITE IN T	IIC CDACE		
PEMBROKE PIN	IES FL 33026		ike pines fl 3302	26				WRITE IN T	MIS SPACE		
US		US					3. Date Incorporated or Qual 10/30/1992				
2. Principal P	lace of Business	2a. Mail	ing Address				4. FEI Number			Appl	ied For
21		26					65-0368082			Not /	Applicable
Suite, Apt.	#, etc.	Suit	e, Apt. #, etc.				5. Certificate of Status Desire	d 🛛		-	ditional
22		27							Fe	Requ	niced
City & Stat	e	<u>├</u>	& State				6. Election Campaign Finance	ing 🖂	,		lay Be
23		28			· · · ·		Trust Fund Contribution			led to	Fees
Zip	Country		Zip Coun			This corporation out		current year	Intangible Yes	K	2No
24	25	29		30			Personal Property Tax.  10. Name and Address of N	w Pogistor		U.	
	9. Name and Address of Curren	t Registered	Agent		31	Name	IV. Name and Address of N	rw register	eu Agent		
DELE	EMOS, GEORGE			Ľ							
	7 N.W. 15TH STREET			1	32	Street Addre	ss (P.O. Box Number is Not Acc	eptable)			]
	E 304				33						
	BROKE PINES FL 33026			`	7.3						
	51151,E 1 11125 1 2 55525			8	34	City		F	85 A	Zip Co	de
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.15	08. Florida Statut	es, the abo	ve-	named corpo	ration submits this statement for			its re	gistered
office or re agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Su tions of, Sect	ich change was a ion 607.0505, Flo	uthorized t rida Statut	oy ti es	he corporation	n's board of directors. I hereby a	ccept the ap	pointment a	s regi:	stered
SIGNATURE	<u></u>								_		\
46	Signature, typed or printed name of registered agen				gent	signature required	when reinstating)  ADDITIONS/CHANGES TO	DATE		CTOD	S IN 12
12.	OFFICERS AN	D DIRECTO	DELETE	13.			ADDITIONS/GRANGES TO	OFFICERS	Char		Addition
TITLE	DELEMOS CEORCE		C) DECETE							,go	
NAME	DELEMOS, GEORGE			1.2 NAM							
STREET ADDRESS	11207 N.W. 15TH STREET PEMBROKE PINES FL					ADDRESS					
CITY-ST-ZIP	PEMPRORE FINES FL		☐ DELETE	1.4 CITY 2.1 TITL	-	·ZIP			☐ Char	nae	Addition
TITLE			- Deterie	2.7 ME							
NAME						4DDDE60					
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP			☐ DELETE	2. 4 CITY 3.1 TITLE		-ZIP			Char	nge	Addition
TITLE				3.2 NAM		ĺ			_ 5.101	-a-	
NAME						**************************************					-
STREET ADDRESS						ADDRESS					}
CITY-ST-ZIP			□ DELETE	3.4. CITY 4.1 TITL!		-217			Char	nge	Addition
NAME				4. 2 NAM						J.	_ "
						ADDRESS					
STREET ADDRESS											
CITY-ST-ZIP TITLE			☐ DELETE	4.4 CITY 5.1 TITL		-217	•		Char	nge	Addition
NAME				5.1 MAM						•	_ '
						ADDRESS					ļ
STREET ADDRESS				5.4 CITY							1
CITY-ST-ZIP			☐ DELETE	6.1 TITL					Cha	nge	Addition
TITLE				6.2 NAM						<b>3</b> -	
NAME						ADDRESS					
STREET ADDRESS				6.4 CITY							
CITY-ST-ZIP	1			0.4 GH7	-01-	· Lir					

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:

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