

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P92000005153 (1)

1. Corporation Name:

PAY PHONE DISTRIBUTORS, INC.



Principal Place of Business

Mailing Address

2361 JASPER AVE  
1500 COLONIAL BLVD., SUITE 103  
FT MEYRS FL 33907  
US

% JOHN MILLIGAN  
1500 COLONIAL BLVD., SUITE 103  
FORT MYERS FL 33907

3. Date Incorporated or Qualified

11/17/1992

3a. Date of Last Report

06/09/1995

4. FEI Number

65-0405038

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes 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

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLIGAN, JOHN P JR  
1500 COLONIAL BLVD.  
#103  
FT. MYERS FL 33907

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 then applicable

(NOTE: Registered Agent's signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP

D  
PRIEBE, CARL  
2361 JASPER AVE.  
FT. MYERS FL

DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

D  
PRIEBE, CINDI  
2361 JASPER AVE  
FT MYERS FL

DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

Change Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

Change Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

Change Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

Change Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

Change Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carl Priebe pres Carl Priebe 8/6/96 275-5822

CR2E034 (3/96)