May 05, 1999 8:00 am Secretary of State

05-05-1999 90180 044 ***150.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300006001

1. Corporation Name

Original Disease of Pusiness

TOTAL TELECOM AND ASSOCIATES, INC.

| Principal Flace | a ot pasitiess | Maining Address | , | | | | |
|---|---|------------------------------|---|------------------|----------------|--|--------|
| 7950 W. MC NAB ROAD BLDG 10 #312 TAMARAC FL 33321 | | BLDG 10 #312 | 7950 W. MC NAB ROAD BLDG 10 #312 TAMARAC FL 33321 | | | DO NOT WRITE IN THIS SPACE | |
| | | | | | | 3. Date Incorporated or Qualifed 01/26/1993 | ł |
| 2 Principal D | lace of Business | 2a. Mailing Add | Acc | | | 4. FEI Number Applied For | |
| — · | ace of business | 26 | ···· | | | 65-0382375 Not Applica | - |
| Suite, Apt. | # etc | Suite, Apt. # | . etc | | | \$8.75 Additiona | |
| 22 | | | 27 | | | 5. Certificate of Status Desired Fee Required | |
| City & State | | | City & State | | | 6. Election Campaign Financing S5.00 May Be | \neg |
| 23 | | 28 | | | | Trust Fund Contribution Added to Fees | |
| Zip Country | | Zip | Zip Country | | | 8. This corporation owes the current year Intangible | |
| 24 25 | | 29 | 30 | | _ | Personal Property Tax. XXYes □No | |
| | 9. Name and Address of Curr | ent Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| 2011 | HIGH B BOWALD | | | 81 | Name | e | |
| Brinnon, B. Ronald 7950 W. Mc Nab Road | | | | | Street | et Address (P.O. Box Number is Not Acceptable) | |
| | G 10 #312 | | | | | | |
| i AM | ARAC FL 33321 | | | 84 | City | FL 85 Zip Code | |
| | | F00 -1.007.4500 F1 | - 01-N-11-1 1L- | | | | be |
| office or n | to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli | te of Florida. Such char | ide was authoriz | ed by th | ne corpo | d corporation submits this statement for the purpose of changing its registere poration's board of directors. I hereby accept the appointment as registered | |
| SIGNATURE | Signature, typed or printed name of registered a | ment and title if applicable | (NOTF: Register | red Agent s | signature re | e required when reinstating) DATE | } |
| 12. | | AND DIRECTORS | 13 | | ng natara 1 | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | 2 |
| TITLE | PSTD | | | TITLE | > | PTD Change Add | |
| NAME | BRINNON, RONALD B. | | 12 | NAME | ì | BRINNON, B. RONALD | l |
| STREET ADDRESS | 7950 W. MC NAB ROAD | | 13 | STREET A | DDRÉSS | 5 7950 W. McNab Road, Bldg. 10, #312 | |
| CITY-ST-ZIP | TAMARAC FL 33321 | | 7- | CITY-ST- | | | |
| TITLE | | | TITLE | i | ☐ Change ☐ Add | lition | |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | | STREET A | DORESS | s | |
| CITY-ST-ZIP | TAMARAC FL 33321 2.4 | | | 4 CITY- ST- | ZIP | | |
| TITLE | | | ELETE 3.1 | TITLE | | ☐ Change ☐ Ado | lition |
| NAME | | | 3.2 | NAME | | | |
| STREET ADDRESS | | | 3.3 | STREET A | DORESS | s | } |
| CITY-ST-ZIP | | | | L CITY-ST | ZIP | | |
| TITLE | | | ELETE 4.1 | TITLE | | ☐ Change ☐ Add | lition |
| NAME | | | 4.2 | 2 NAME | | | Ì |
| STREET ADDRESS | | | 4.3 | STREET A | DORESS | s | |
| CITY-ST-ZIP | | | 4.4 | CITY-ST- | ZIP | | |
| TITLE | | | | TITLE | | ☐ Change ☐ Add | fition |
| NAME | | | | NAME | | | Į |
| STREET ADDRESS | | | 5.3 | STREET A | DORESS | S | |
| CITY- \$T- JIP | | | | CITY-ST- | ZIP | | |
| TITLE '~ | | | | TΠE | | ☐ Change ☐ Add | Jition |
| NAME | } | | 4 69 | | | l control of the cont | , |
| INFAME | | | | NAME STREET A | | |) |

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.

6.4 CITY-ST-ZIP

3: Ronald Brinnon SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR