

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 3: 11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000029947 (7)

1. Corporation Name:

PUBLIC TELECOMM PROVIDERS, INC.

Principal Place of Business		Mailing Address		DO NOT WRITE IN THIS SPACE				
2245 ST. CHRISTOPHER LN VERO BEACH FL 32963 US		P. O. BOX 4434 VERO BEACH FL 32964 US						
2. Principal Place of Business		26. Mailing Address		3. Date Incorporated or Qualified				
21	25	26	27	28	04/22/1993	3a. Date of Last Report	05/01/1994	
Suite APT # 000		Suite APT # 000		4. FEI Number				
22	27	65-0431821				Applied For	Not Applicable	
City & State		City & State		5. Certificate of Status Desired				
23	28	<input type="checkbox"/> \$8.75 Additional Fee Required						
24	25	26	29	30	6. Election Campaign Financing Trust Fund Contribution			
9. Name and Address of Current Registered Agent				7. True Corporation Name Relative to Incorporation by another Corporation				
KOONTZ, ALFRED J III 2245 ST. CHRISTOPHER LN. VERO BEACH FL 32963				81	Name	8. Florida Statutes		
				82	Street Address (P.O. Box Number is Not Acceptable)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				83				
				84	City	FL	Zip Code	
10. Name and Address of New Registered Agent								
11. Pursuant to the provisions of Sections 407.0702 and 605.1008, Florida Statutes, the above named corporation submits the statement for the purpose of changing an 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 Sections 1257.0805, Florida Statutes.								

SIGNATURE

12. OFFICE AND DIRECTORIES		13. ADDITIONS/CHANGES TO OFFICES AND DIRECTORIES					
OFFICE	NAME	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add				
NAME	KOONTZ, ALFRED J III	1. NAME					
STREET ADDRESS	2245 ST. CHRISTOPHER LN.	1. STREET ADDRESS					
CITY ST ZIP	VERO BCH, FL	1. CITY ST ZIP					
OFFICE	VSTD	2. NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add				
NAME	KOONTZ, ALFRED J JR.	2. NAME					
STREET ADDRESS	14565 SE 56TH ST.	2. STREET ADDRESS					
CITY ST ZIP	BELLEVUE WA	2. CITY ST ZIP					
OFFICE		3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add				
NAME		3. NAME					
STREET ADDRESS		3. STREET ADDRESS					
CITY ST ZIP		3. CITY ST ZIP					
OFFICE		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add				
NAME		4. NAME					
STREET ADDRESS		4. STREET ADDRESS					
CITY ST ZIP		4. CITY ST ZIP					
OFFICE		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add				
NAME		5. NAME					
STREET ADDRESS		5. STREET ADDRESS					
CITY ST ZIP		5. CITY ST ZIP					
OFFICE		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add				
NAME		6. NAME					
STREET ADDRESS		6. STREET ADDRESS					
CITY ST ZIP		6. CITY ST ZIP					
14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1100.07(1)(b), Florida Statutes. I further certify that the information indicated on this annual report, supplemental annual report, or form 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 its new or trustee empowered to execute the papers as required by Chapter 409, Florida Statutes, and that my name appears in Block 12 and Block 13 of my original and attache bond with an "A" before it.							

SIGNATURE:

ALFRED J. KOONTZ, JR. 4-28-95 407-564-9850
PRINTED AND TYPED OR WRITTEN NAME OF SIGNER OR DIRECTOR