

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90197 026 ***150.00

DOCUMENT # P93000033155

1. Corporation Name

U.S. TELEPHONE SERVICES, INC.

Principal Place of Business

1025 NORTH FLORIDA MANGO ROAD
SUITE #7
WEST PALM BEACH FL 33409

Mailing Address

P.O. BOX 639
WEST PALM BEACH FL 33402-0639

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/07/1993

4. FEI Number

65-0401078

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 owes the current year intangible
Personal Property Tax. ☐ 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

CAWOOD, MARIAN
1515 S. FLAGLER DRIVE 2901
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

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

Marian Cawood
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/13/99
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME S
STREET ADDRESS CAWOOD, MARIAN
CITY-ST-ZIP 1515 SOUTH FLAGLER DRIVE
WEST PALM BEACH FL 33401

TITLE ☐ DELETE
NAME P
STREET ADDRESS THOMAS, EUGENE
CITY-ST-ZIP 1515 SOUTH FLAGLER DRIVE
WEST PALM BEACH FL 33401

TITLE ☐ DELETE
NAME VP
STREET ADDRESS AUGUSTINE, DOMINIC
CITY-ST-ZIP 1025 BUCHANON AVENUE EAST
ORLANDO FL 32809

TITLE ☐ DELETE
NAME T
STREET ADDRESS BASSIGTHWAITE, KIMBERLY
CITY-ST-ZIP 3615 ALLENSVILLE ROAD
ELKTON KY 42220

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

STANLEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99
Date

561-683 0440
Daytime Phone #

CR2E034 (11/98)