Apr 14, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE ,

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000033155

1. Corporation Name

ILS TELEPHONE SERVICES INC

	ernone services, inc.			- سايس .	-	. ;					
Principal Place	of Business	Mailing Add	iress				- I IMBILIANI ISM IREKO ISHII MATIL AMILI AN		.,00; 04;01 (
1025 NORTH FLORIDA MANGO ROAD P.O. BOX 639 SUITE #7 WEST PALM BEACH FL 33402-0639											
WEST PALM BEACH FL 33409					DO NOT WRITE IN THIS S			N THIS SPACE			
_							3. Date Incorporated or Qualifed				
							05/07/1993				
2. Principal Pl	ace of Business	2a. Mailing	Address				4. FEI Number	Ī	Applied	For	
21	•	26					65-0401078		Not App	olicable	2
Suite, Apt.	#, etc.	Suite, A	pt. #, etc.				5. Certifcate of Status Desired	7	'5 Additi Require	,	
City & State	<u> </u>	City & S	State				6. Election Campaign Financing	\$ 5	00 May	Bo	
23		28					Trust Fund Contribution	Add	led to Fe		
Zip	Country	Zip	_	Count	ry		8. This corporation owes the current		£7		
24	25	29		30			Personal Property Tax.	Yes	□и	lo)	
	9. Name and Address of Current	Registered Ag	gen <u>t</u>				10. Name and Address of New Regi	istered Agent			
				8	1 Name					1	
CAWOOD, MARIAN				8	2 Street	Addres	ss (P.O. Box Number is Not Acceptable) -			
1515 S. FLAGLER DRIVE 2901											
WES	T PALM BEACH FL 33401			8	3					ļ	
				_	4 City			85	Zip Code		
}				٥	4 City			FL S	Lip Code	ŀ	
11 Pursuant	to the provisions of Sections 607.0502	and:607:1508;	Elorida Statutes	the abo	ve-namec	согра	ration submits this statement for the pur	pose of changin	j-ile-regie	stered ===	شهني
- office or re	egistered agent, or both, in the State of	LEIorida, Such	change was aut	thorized t	y the corp	oration	n's board of directors. I hereby accept th	e appointment a	s regisiei	rea	
- office or re agent. I ar	egistered agent, or both, in the State of m familiar with, and accept the obligation	LEIorida, Such	607.0505, Florid	thorized t	y the corp	oration	's board of directors. I hereby accept th		s register • Q	red	
office or reagent. I as	m familiar with, and accept the obligation	Elorida. Such pas of, Section	607.0505, Florid	da Statute	oy the corp es. \tag{\tag{\tag{\tag{\tag{\tag{\tag{	oration ලබ්	S board of directors. Thereby accept the	$\frac{L}{M}$	9		· <u></u>
agent. I at	m familiar with, and accept the soligation	Elorida. Such one of, Section and title if applicabil	607.0505, Florid	da Statute	oy the corp es. \tag{\tag{\tag{\tag{\tag{\tag{\tag{	oration ලබ්	when reinstating)	4/3/9	9	—	.(86)
agent. I at SIGNATURE	m familiar with, and accept the obligation Signature bypool or printed to be or registered agent of the obligation of t	Elorida. Such one of, Section and title if applicabil	607.0505, Florid	da Statute	est signature	oration ලබ්	S board of directors. Thereby accept the	4/3/9	CTORS I	—	(11/98)
agent. I at SIGNATURE 12.	Signalars based or printed accept the obligation of the Stored agent of OFFICERS AND	Elorida. Such one of, Section and title if applicabil	change was aut 607.0505, Florid APL AN (NOTE: F	thorized to da Statute tegistered Ar	es. Gent signature	oration ලබ්	when reinstating)	$\frac{4}{3}$	CTORS I	N 12	
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agent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature by the or printed accept the obligation of the state of the	Elorida. Such one of, Section and title if applicabil	change was aut 607.0505, Florid APL AN (NOTE: F	toorized to da Statute 13. 1.1 TITLE 1.2 NAMI 1.3 STRE	y the corp es. yent signature	oration ලබ්	when reinstating)	$\frac{4}{3}$	CTORS I	N 12	
agent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature byte or printed accept the obligator OFFICERS AND S CAWOOD, MARIAN 1515 SOUTH FLAGLER DRIVE WEST PALM BEACH FL 33401	Elorida. Such one of, Section and title if applicabil	change was aut 607.0505, Florid ARC AND (NOTE: R	thorized to da Statute 13. 1.1 TITLE 1.2 NAMI 1.3 STRE	ent signature E EET ADDRESS -ST-ZIP	oration ලබ්	when reinstating)	ATE 3 9 ERS AND DIRE	CTORS I	N 12	
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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 affactment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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

☐ DELETE

Change

☐ Addition