PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90212 043 ***150.00

DOCUMENT # P93000051732

AMERICAN PHONE CARD DISPENSING CORP.						
Principal Place	of Business	Mailing Address		1 10011001 510 10100 11(1) 00111 00111 00111		11178 1181 1881
659 N BISGAYN #101 33169 FL 33324 US #/763	E-RIVER DRIVE 12650 BISCAYNE BLKD MIAMI FL 33181	650 N BISCAYNE RIVER DRI MIAMI FL 33169 US SAME	VE	DO NOT WRITE IN TH	IIS SPACE	
03 #105	,			07/23/1993		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Apr	plied For
21		26		65-0424426	~ Not	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	*8.75 A Fee Red	
City & State	e	City & State		6. Election Campaign Financing	\$5.00	May Be
23	-	28		Trust Fund Contribution	Added to	
Zip 24	Country 25	Zip 29	Country 30	 This corporation owes the current year Personal Property Tax. 	☐ Yes	□No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Register	ed Agent	
JUDI 659 FT L	N BISPAYNE RIVER AUDERDALE FL 33324	regory S. Vic. 650 Bescayr Jeani II, 3		Address (P.O. Box Number is Not Acceptable)	85 Zip C	Code
44 Durayant	to the provisions of Sections 607 0602	and 607 1508. Florida Statute	s the above-named	compration submits this statement for the numose	of changing its	registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligati	if Florida, Such change was au	thorized by the corbo	pration's board of directors. I hereby accept the ap	pointment as reg	jistered
SIGNATURE	•	W.O.T.		equired when reinstating) DATE		
·	Signature, typed or printed name of registered agent OFFICERS AND		Registered Agent signature re	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	D OFFICERS AND	DELETE	1.1 TITLE	Printer	Change	Addition
NAME	VICE ELLERY		1.2 NAME -	Heren 10/01	/\	$^{\prime}$
STREET ADDRESS	9280 LASTOON PLACE # 101		1.3 STREET ADDRESS	Lnegary of Olla	1	
CITY-ST-ZIP	FT LAUDEBDALE FL 33924	(a)	1.4 CITY-ST-ZIP	1255010iscaight file		
TITLE	SL	DELETE	2.1 TITLE	Mani IL 35/8/	Change	☐ Addition
NAME	JUDD AUDREY 1	6/11	2.2 NAME			}
STREET ADDRESS	9230 LASSON PLACE #101		2.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL 33324		2. 4 CMY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change	☐ Addition
NAME (3.2 NAME	,		
STREET ADDRESS			3.3 STREET ADDRESS		•	·
C/TY+ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	Addition (
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS		•	İ
CITY-ST-ZIP			5.4 CITY-ST-ZIP		[] Chann	Addition
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS	· ·		6.3 STREET ADDRESS			ľ

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 recover 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

SIGNATURE:

CITY-ST-ZIP