

ANNUAL REPORT

1995

SECRETARY OF STATE
DIVISION OF CORPORATIONS

55 APR 13 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000053280
1. Corporation Name

Public Telco Corporation

Principal Place of Business Mailing Address

2455 E. Sunrise Blvd.
The Mezzanine
Fort Lauderdale, Florida 33304

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 7-29-93
3a. Date of Last Report

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 63-0427280	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	County 25	29	30
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

Ron Oman
2455 E. Sunrise Blvd., The Mezzanine
Fort Lauderdale, Florida 33304

10. Name and Address of New Registered Agent

81 Name	Richard K. Inglis, Esquire		
82 Street Address (P.O. Box Number is Not Acceptable)	2455 E. Sunrise Blvd., Suite 320		
83			
84 City	Fort Lauderdale,	FL	85 Zip Code 33304

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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and his number

NOTE: Registered Agent signature required when registering.

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ron Oman	12 NAME	800001460593
STREET ADDRESS	2455 E. Sunrise Blvd., Mezzanine	13 STREET ADDRESS	-04/20/95--01001--012
CITY ST ZIP	Fort Lauderdale, FL 33304	14 CITY ST ZIP	***200.00 ***200.00
TITLE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE: X

Signature typed or printed name of signing officer or director

4-7-95 305-561-4337

Date (Month/Year) Telephone (Area) #