

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000083631 (0)

1. Corporation Name

PHONECARD EXPRESS, INC.



Principal Place of Business

3595 SHERIDAN ST.  
#109  
HOLLYWOOD FL 33021

Mailing Address

3595 SHERIDAN ST.  
#109  
HOLLYWOOD FL 33021

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified  
12/07/1993

3a. Date of Last Report  
04/26/1995

4. FEI Number

65-0452576

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KUTTLER, MATT  
2000 NE 196 TERRACE  
NORTH MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent

81 Name  
Matt Kutler

82 Street Address (P.O. Box Number is Not Acceptable)

83 150 SE 25th Road, #2H

84 City  
Miami

FL

85 Zip Code  
33129

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME KUTTLER, MATT  
STREET ADDRESS 3300 N.E. 192 ST., APT. 601  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180

TITLE DST ☐ DELETE

NAME REDLICH, DAVID  
STREET ADDRESS 3300 N.E. 192 ST., APT. 601  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180

TITLE DV ☐ DELETE

NAME ROSENBERG, TOM  
STREET ADDRESS CUNKANUGA ROAD  
CITY-ST-ZIP HENDERSONVILLE NC

TITLE DV ☐ DELETE

NAME POPKIN, MARY ANN  
STREET ADDRESS 5400 NORTH 35 ST.  
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE ☐ DELETE

NAME  
STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition

1.2 NAME Matt Kutler  
1.3 STREET ADDRESS 150 SE 25th Road #2H  
1.4 CITY-ST-ZIP Miami, FL 33129

2.1 TITLE DST ☒ Change ☐ Addition

2.2 NAME David Redlich  
2.3 STREET ADDRESS 3119 NE 20th Street #2301  
2.4 CITY-ST-ZIP North Miami Beach, FL 33180

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS

6.4 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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)