PRCFIT CORPORATION		TMENT OF STATE			
ANNUAL REPORT		3 Mortham ry of State			
1996		CORPORATIONS			
DOCUMENT # P9	4000029520 (*	1)			
Corporation Narr e     FLORIDA PHONEWORKS, I	INC.	•			
Principal Place of Business	Mailing Address		· [ \$0,000   0,000	INTI OBILI DULU ITULU INFOT	INIQ (INI) ODII IBDI
923 ASHMEADE COURT PORT ORANGE FL 32127	923 ASHMEADE COL PORT ORANGE FL 3				
			3. Date Incorporated or Qualified 04/06/1994	3a. Date of Last Re 08/07/1	
2. Principal Place o' Business	2a. Mailing Address 26		4. FEt Number NOT APPLICABLE		Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional Required
2 City & State 3	City & State		6. Election Campaign Financing Trust Fund Contribution		0 May Be d to Fees
Zip Country	Zip	Country 30	8. This corporation has liability for Florida Statutes	intangible tax under s	199.032,
4 25 9. Name and Address of	29 Current Registered Agent		10. Name and Address of New F		
HALLMAN, DAVID L		81 Name			
HALLMAN DAVID		82 Street Add	Iress (P.O. Box Number is Not Acceptat	010)	
			-		
923 ASHMEADE COURT PORT ORANGE FL 32127		63			
923 ASHMEADE COURT PORT ORANGE FL 32127	of Florida, Such change was authorize	84 City	ration submits this statement for the nu	FL	o Code egistered office l agent. I am
923 ASHMEADE COURT PORT ORANGE FL 32127 1. Pursuant to the provisions of Sections 60 or registered agent, or both, in the State familiar with, and accept the obligations of SIGNATURE	of Florida. Such change was authorize of, Section 607.0505, Florida Statutes.	84 City	ration submits this statement for the pu rd of directors. I hereby accept the app	The second secon	egistered office agent. I am
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923 ASHMEADE COURT PORT ORANGE FL 32127         11. Pursuant to the provisions of Sections of or registered agent, or both, in the State familiar with, and accept the obligations of SIGNATURE         SIGNATURE         SIGNATURE         Signature typed or prited name of rogsh (12. OFFICE)         TILE       P         NAME       HALLAMN, NANCY I         STREET ADDRESS       923 ASHMEADE CT PORT ORAGNE FL         TILE       VP         NAME       HALLMAN, DAVID L         STREET ADDRESS       923 ASHMEADE CT PORT ORAGNE FL         TILE       VP         NAME       HALLMAN, DAVID L         STREET ADDRESS       923 ASHMEADE CT PORT ORANGE FL         TITLE       VP         NAME       STREET ADDRESS         STREET ADDRESS       CTY - ST - ZIP         TITLE       NAME         STREET ADDRESS       CTY - ST - ZIP         TITLE       NAME         STREET ADDRESS       CTY - ST - ZIP         TITLE       NAME         STREET ADDRESS       CTY - ST - ZIP         TITLE       NAME         STREET ADDRESS       CTY - ST - ZIP         TITLE       NAME         STREET ADDRESS       CTY - ST - ZIP         TITLE <t< td=""><td>of Florida. Such change was authorize of, Socion 607.0505, Florida Statutes. ered agent and tide if and cafacian (MO) ERS AND DIRECTORS DELETE DELETE DELETE DELETE</td><td>84     City       s, the above-named corpord of by the corporation's board       13.       11.       12.       13.       1.       13.       1.       13.       1.       13.       1.       13.       1.       13.       1.       14.       17.       21.       22.       21.       22.       23.       31.       31.       32.       32.       33.       34.       37.       37.       37.       38.       38.       39.       31.       31.       32.       33.       31.       31.       31.       31.       32.       33.       34.       31.       31.       31.       31.       31.       32.       33.       34.       31.       31.       31.       31.       31.       31.       31.   <!--</td--><td>ration submits this statement for the pu rd of directors. I hereby accept the app</td><td>FL     Impose of changing its r     pointment as registered     DATE     FICERS AND DIRECTO     Change     Change     Change     Change</td><td>egistered office egent. I am PRS IN 12 Addition Addition Addition</td></td></t<>	of Florida. Such change was authorize of, Socion 607.0505, Florida Statutes. ered agent and tide if and cafacian (MO) ERS AND DIRECTORS DELETE DELETE DELETE DELETE	84     City       s, the above-named corpord of by the corporation's board       13.       11.       12.       13.       1.       13.       1.       13.       1.       13.       1.       13.       1.       13.       1.       14.       17.       21.       22.       21.       22.       23.       31.       31.       32.       32.       33.       34.       37.       37.       37.       38.       38.       39.       31.       31.       32.       33.       31.       31.       31.       31.       32.       33.       34.       31.       31.       31.       31.       31.       32.       33.       34.       31.       31.       31.       31.       31.       31.       31. </td <td>ration submits this statement for the pu rd of directors. I hereby accept the app</td> <td>FL     Impose of changing its r     pointment as registered     DATE     FICERS AND DIRECTO     Change     Change     Change     Change</td> <td>egistered office egent. I am PRS IN 12 Addition Addition Addition</td>	ration submits this statement for the pu rd of directors. I hereby accept the app	FL     Impose of changing its r     pointment as registered     DATE     FICERS AND DIRECTO     Change     Change     Change     Change	egistered office egent. I am PRS IN 12 Addition Addition Addition
923 ASHMEADE COURT PORT ORANGE FL 32127         11. Pursuant to the provisions of Sections 60 or registered agent, or both, in the State familiar with, and accept the obligations ( SIGNATURE Signature type) or preference of the obligations ( SIGNATURE         12. OFFICE         14. OFFICE         15. OFFICE         16. OFFICE         17. OFFICE         18. OFFICE         19. at ret type) or preference of preference         11. Pursuant to the provisions of Sections of or registered agent, or both, in the State familiar with, and accept the obligations ( SIGNATURE         11. Pursuant to the provisions of Sections of SIGNATURE         12. OFFICE         12. OFFICE         14. Pursuant to the provisions of Sections of SIGNATURE         15. OFFICE         11. Pursuant to the provisions of Sections of SIGNATURE         11. Pursuant to the provisions of Sections of PORT ORAGNE FL         11. Pursuant to the provisions of Sections of SIGNATURE         11. Pursuant to the provisions of Sections of PORT ORAGNE FL         11. Pursuant to the provisions of Sections of PORT ORANGE FL         11. Pursuant to the provisions of Sections of PORT ORANGE FL         11. Pursuant to the provisions of Sections of PORT ORANGE FL         11. Pursuant to the provision of the	of Florida. Such change was authorize of, Soction 607.0505, Florida Statutes. ered agent and tide if and cafe. (MO) ERS AND DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE	84     City       s, the above-named corpord of by the corporation's board     1       11     11       12     1       13     1       14     11       12     NAME       13     3       14     City - S1 - ZiP       2     1       11     11       12     NAME       13     STREET ADDRESS       14     City - S1 - ZiP       2     1       3     STREET ADDRESS       24     City - S1 - ZiP       3     STREET ADDRESS       34     City - S1 - ZiP       4     1       4     STREET ADDRESS       34     City - S1 - ZiP       4     1       4     STREET ADDRESS       34     City - S1 - ZiP       5     1       5     1       5     1       5     2       5     4       City - S1 - ZiP       5     1       5     3       5     3       5     4       11     E       5     1       6     1       11     1       6     1	ration submits this statement for the pu rd of directors. I hereby accept the app	FL	egistered office agent. I am DRS IN 12 Addition Addition Addition Addition
923 ASHMEADE COURT PORT ORANGE FL 32127         11. Pursuant to the provisions of Sections of or registered agent, or both, in the State familiar with, and accept the obligations of SIGNATURE         SIGNATURE         Signature typed or order hame of regist registered agent, or both, in the State familiar with, and accept the obligations of Signature typed or order hame of regist registered agent, or both, in the State familiar with, and accept the obligations of Signature typed or order hame of regist register handless         12.       OFFICE         TILE       P         NAME       HALLAMN, NANCY H PORT ORAGNE FL UTUE         NAME       923 ASHMEADE CT PORT ORAGNE FL UTUE         NAME       923 ASHMEADE CT PORT ORANGE FL DITUE         NAME       923 ASHMEADE CT PORT ORANGE FL         NAME       923 ASHMEADE CT PORT ORANGE FL         NAME       924 ASHMEADE CT PORT ORANGE FL         NAME       925 ASHMEADE CT PORT ORANGE FL         NAME       926 ASHMEADE CT PORT ORANGE FL         NAME       927	of Florida. Such change was authorize of, Soction 607.0505, Florida Statutes. ered agent and tide if and cafe. (MO) ERS AND DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE	84     City       s, the above-named corporation's board by the corporation's board       13.       11. TITLE       12. NAME       13.STREET ADDRESS       14.CITY - ST-ZIP       2.1.TITLE       2.2.NAME       2.3.STREET ADDRESS       2.4.CITY - ST-ZIP       3.1.TITLE       3.2.NAME       3.3.STREET ADDRESS       3.4.CITY - ST-ZIP       4.1.TITLE       4.2.NAME       4.3.STREET ADDRESS       3.4.CITY - ST-ZIP       4.1.TITLE       5.3.STREET ADDRESS       4.4.CITY - ST-ZIP       5.1.TITLE       5.2.NAME       5.3.STREET ADDRESS       4.4.CITY - ST-ZIP       5.1.TITLE       5.2.NAME       5.3.STREET ADDRESS       5.4.CITY - ST-ZIP       6.1.TITLE	ration submits this statement for the pu rd of directors. I hereby accept the app	FL	egistered office agent. I am DRS IN 12 Addition Addition Addition Addition