

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P94000033283 (0)

1. Corporation Name

AMERICAN TELECARD SOCIETY, INC.



Principal Place of Business

Mailing Address

938 NE 62ND ST
 PHE
 FT LAUDERDALE FL 33334
 US

938 NE 62ND ST
 PHE
 FT LAUDERDALE FL 33334
 US

3. Date Incorporated or Qualified
05/03/1994

3a. Date of Last Report
05/30/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

65-0495722

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

10. Name and Address of New Registered Agent

**BROWNER, JULIUS H
 938 NE 62ND ST
 PENTHOUSE E
 FT LAUDERDALE FL 33334**

81 Name

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

83

84 City

FL

85 Zip Code

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
 NAME **D BROWNER, JULIUS H**
 STREET ADDRESS **938 NE 62ND ST**
 CITY - ST - ZIP **FT LAUDERDALE FL**

1.1 TITLE ☐ Change ☒ Addition
 1.2 NAME **D ~~RICHARD DOTY~~ DOTY, RICHARD**
 1.3 STREET ADDRESS **2637 E. ATLANTIC BLVD. (119)**
 1.4 CITY - ST - ZIP **POMPAHO BEACH, FL. 33062**

TITLE ☒ DELETE
 NAME **D ~~MORRIS, ALAN J~~**
 STREET ADDRESS **P.O. BOX 0618**
 CITY - ST - ZIP **JUPITER FL**

2.1 TITLE ☐ Change ☒ Addition
 2.2 NAME **D GRAULICH, ELEANOR**
 2.3 STREET ADDRESS **11417 S.W. 81ST ROAD**
 2.4 CITY - ST - ZIP **MIAMI, FL. 33156**

TITLE ☐ DELETE
 NAME **D ~~RICHARD DOTY~~**
 STREET ADDRESS **2637 E. ATLANTIC BLVD**
 CITY - ST - ZIP **POMPAHO BEACH, FL. 33062**

3.1 TITLE ☐ Change ☒ Addition
 3.2 NAME **D DOON, CRYSTAL**
 3.3 STREET ADDRESS **1732 N.W. 67th PLACE APT. I**
 3.4 CITY - ST - ZIP **MIAMI, FL. 33061**

TITLE ☐ DELETE
 NAME **D ~~RICHARD DOTY~~**
 STREET ADDRESS **P.O. BOX 817763**
 CITY - ST - ZIP **HOLLYWOOD HILLS, FL. 33081**

4.1 TITLE ☐ Change ☒ Addition
 4.2 NAME **D PHIPPS, JAMES**
 4.3 STREET ADDRESS **P.O. BOX 817763**
 4.4 CITY - ST - ZIP **HOLLYWOOD HILLS, FL. 33081**

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY - ST - ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/25/96

954-776-4760

CR2E034 (3/96)