FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P94000040917 (4)

INTOUCH COMMUNICATIONS OF S.W. FLORIDA, INC.

FILED Apr 15 1998 8:00am Secretary of State



Principal Place 4324 WEST 31 LEHIGH FL 33 2. Principal Pl 21 Suite, Apt. 4 22 City & State 23 Zip 24	ace of Business	Mailing Address P.O. BOX 61406 FT MYERS FL 33906 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/01/1994 4. FEI Number 65-0499383 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing Trust Fund Contribution 7. Applied For Not Applicable 88.75 Additional Fee Required 95.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.			
Name and Address of Current Registered Agent SMITH, WILLIAM R 8191 COLLEGE PARKWAY SUITE 300 FORT MYERS FL 33919			81 82 83	Street Addr	10. Name and Address of N Chael A. Villani ess (P.O. Box Number is Not Ad	ceptable)	Agent R5 Zip (Code
SIGNATURE	o the provisions of Secretaris 607. egistered agent, or both, in the Sen familiar with, and accept the of Signature, speed or printed name of registered	Mac agent and title if applicable.	atutes, the abov as authorized b , Florida Statute has A NOTE Registered As	ve-named corporates.	ed when reinstating)	DATE		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VILLANI, MICHAEL P.O. BOX 61406 N/A FT MYERS FL 33906	AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STAGE 1.4 CITY-	T ADDRESS	ADDITIONS/CHANGES TO	OFFICERS AND	DIRECTOR Change	S IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT WILL OF E COSCO	DELETE	2.1 TITLE 2.2 NAME	T ADDRESS			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY-	T ADDRESS			Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		DELETE	4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-	T ADDRESS			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-21P		DELETE	5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-	T ADDRESS			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREE 6.4 CITY-	ET ADDRESS ST-ZIP			Change	☐ Addition
	ertify that the information supplie	d with this filed does not quali	fy for the exem	ption stated in	Section 119.07(3)(i), Florida Sta	itutes. I further ce	rtify that the	information

Indicated on this annual report or supplimental annual eport 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 of the receiver 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 attack then with an address.