FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR 20 AM 11:23
TALLAHASSEE, FLORIDA
DD

DOCUMENT # **P94000041710 (2)**

1. Corporation Name
VOICE-TEL OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
3733 UNIVERSITY BLVD. WEST SUITE 116 JACKSONVILLE FL 32217	3733 UNIVERSITY BLVD. WEST SUITE 116 JACKSONVILLE FL 32217

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/03/1994
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26): 922 Mayfair Rd
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27): Akron, Ohio
City & State (23)
City & State (28)
Zip (24) / Country (25)
Zip (29): 44303 / Country (30): Summit

4. FEI Number: 34-1664108 ☐ 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

BOARDMAN, NANCY
3733 UNIVERSITY BLVD. WEST
SUITE 116
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	WELSH, KATHRYN H	12 NAME	
STREET ADDRESS	922 MAYFAIR ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	AKRON OH 44303	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	WELSH, WILLIAM E	22 NAME	TS, 3/20/95
STREET ADDRESS	922 MAYFAIR ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	AKRON OH 44303	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BOARDMAN, NANCY	32 NAME	
STREET ADDRESS	3733 UNIVERSITY BLVD. WEST, #116	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32217	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	400001419024
STREET ADDRESS		43 STREET ADDRESS	-03/22/95--01030--011
CITY-ST-ZIP		44 CITY-ST-ZIP	****200.00 ****200.00
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ 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 119.07(3)(i), 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: William E Welsh WILLIAM E. WELSH 3/14/95 216 864-9997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018214 CR

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # P94000042588

1. Corporation Name

KEY LARGO RESORTS & CASINOS, INC.

600001441746
-03/28/95--01099--008
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address
2400 W. CYPRESS CREEK ROAD
SUITE 200
FT. LAUDERDALE, FL 33309

3. Date Incorporated or Qualified: 6/2/94
3a. Date of Last Report:

2. Principal Place of Business: 21
Suite, Apt #, etc: 22
City & State: 23
Zip: 24 Country: 25

2a. Mailing Address: 26
Suite, Apt #, etc: 27
City & State: 28
Zip: 29 Country: 30

4. FEI Number: 65-0496911 [ ] 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 [XX] No

9. Name and Address of Current Registered Agent

JOAN S. WAGNER
2400 W. CYPRESS CREEK ROAD
SUITE 200
FT. LAUDERDALE, FL 33309

10. Name and Address of New Registered Agent

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D/P
NAME	GUS BOULIS
STREET ADDRESS	2400 W. CYPRESS CREEK RD. #200
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	VP/S/T
NAME	MARGARET HREN
STREET ADDRESS	2400 W. CYPRESS CREEK ROAD #200
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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(1)(i), 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 the 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] 3/21/95 (305) 776-0881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARGARET HREN

LW 3-24-95