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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P94000072910

1. Corporation Name

WALK-IN PHONE CENTERS, INC.

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90064 050 ***150.00



Principal Place of Business	Mailing Address				18818 11819 181	
1422 S.E. 17TH STREET FORT LAUDERDALE FL 33316	1422 S.E. 17TH STREET FORT LAUDERDALE FL 33316			DO NOT WRITE IN TH	IS SPACE	
				3. Date Incorporated or Qualifed		
				09/29/1994		-
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		Applied For
· ·	26			65-0540454		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.					5 Additional
22	27			5. Certifcate of Status Desired	Fee	Required
City & State	City & State			6. Election Campaign Financing	\$5.0	0 May Be
23	28			Trust Fund Contribution	Adde	ed to Fees
Zip Country	Zip	Country		8. This corporation owes the current year	intangjble	
24 25	29 30]		Personal Property Tax.	Yes	□No
	Current Registered Agent			10. Name and Address of New Registere	d Afgent	
	····	81	Name			
BREWSTER, DAN		82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
1422 S.E. 17TH STREET		102	0.00077.00.			
FORT LAUDERDALE FL 33316		83				
			0.00	<u> </u>	. 85 Z	ip Code
		84	City	F	L " "	ip Code
office or registered agent or both, in the	507.0502 and 607.1508, Florida Statutes, t e State of Florida. Such change was autho e obligations of, Section 607.0505, Florida	orized by	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing ointment as	its registered registered
SIGNATURE						
Signature, typed or printed name of region			nt signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIREC	TOPS IN 12
	ERS AND DIRECTORS ☐ DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	Chang	
TITLE PS	בן טבנבוב				<u> </u>	
NAME BREWSTER, DAN		1.2 NAME				
STREET ADDRESS 1422 S.E. 17TH STREET	20040		TADDRESS			
CITY-ST-ZIP FORT LAUDERDALE FL 3	S316 □ DELETE	1.4 CITY-5	T-ZIP		Chang	ge 🗀 Addition
TITLE	□ OECETE	2.1 TITLE			ر. ده ره	,
NAME		2.2 NAME				
STREET ADDRESS	1	2.3 STREET	'n			
CITY-ST-ZIP	() DELETE	2. 4 CITY-5	ST-ZIP		["] Chang	ge
TITLE	☐ DELETE	3.1 TITLE				g
NAME		3.2 NAME			 -	
STREET ADDRESS			TADDRESS			
CITY-ST-ZIP	□ perete	3.4. CITY-5	si-ZIP		[] Chang	ge Addition
TITLE	☐ DELETE	4.1 TITLE				2- [[11001001]
NAME		4. 2 NAME		•		
STREET ADDRESS		4.3 STREE	TADORESS			j
CITY-ST-ZIP		4.4 CITY-5	T-ZIP		Chan	ge
TITLE	☐ DELETE	5.1 TITLE			LJ Clian	ac Nontion
NAME	·	5.2 NAME				
STREET ADDRESS			TADORESS			
CITY-ST-ZIP		5.4 CITY-S	T- ZIP			
TITLE	☐ DELETE	6.1 TITLE			Chan	ge 🗌 Addition
NAME		6.2 NAME	İ	l		
STREET ADDRESS		6.3 STREE	T ADDRESS			
CITY-ST-ZIP		6.4 CITY-S	T-ZIP			

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: