PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000078342

TELECOMMUNICATION SERVICES INTERNATIONAL INC.

ILLLOOM	WINDING ATTOCK OF THE COLOR	THE THE THE THE						
Principal Place	e of Business	Mailing Address			1 19611891 119 (81)1 BISH 95111 98111 981	,, (6504 18148	***** AIA:0 ()81 .001	
300 HARBOR DRIVE. STE. 200 300 HARBOR DRIVE. STE. 200								
INDIAN ROCKS BEACH FL 33785 INDIAN ROCKS BEACH FL 3378				THE WATER IN THE OPERS				
us US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
					10/24/1994			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For	
21 26					59-3286965		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired \$8.75 Additional Fee Required		-		
City & State City & State			6. Election Campaign Financing \$5.00 May		00-мау-Ве			
23		28			Trust Fund Contribution	Ado	led to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year			
24	25 29		0	Personal Property Tax.		□No		
	9. Name and Address of Curren	t Registered Agent	81	· 	10. Name and Address of New Registere	d Agent		
GREENISH, PATRICK				Name				
300 HARBOR DR.			82	Street Add	et Address (P.O. Box Number is Not Acceptable)			
INDIAN ROCK BEACH FL 34635				83				
			84	City		85	Zip Code	
SIGNATURE	m familiar with, and accept the obligation of signature, typed or printed name of registered ager				ed when reinstating) DATE			
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRE	CTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE		-	Chai	nge 🗌 Addition	
NAME			1.2 NAME					
STREET ADDRESS	SSS 300 HARBOR DRIVE, STE. 200		1.3 STREET	ADDRESS			•	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 34635			r-zip				
TITLE	V DELETE 2.11					Cha	nge 🗌 Addition	
NAME	GREENISH, CYNTHIA		2.2 NAME				i	
STREET ADDRESS	INCEL ADDITION TO THE THE TELEPHONE			ADDRESS			ا ند	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 346		2 4 CITY-S	T-ZIP				
TITLE	☐ DELETE 311		31 TITLE			Cha	nge . Addition	
NAME			3.2 NAME	-		-		
STREET ADDRESS			3.3 STREET	ADDRESS			~	
CITY-ST-ZIP			3.4. CITY- S	T-ZIP		∫ Cha	inge Addition	
TITLE		☐ DELETE	4.1 TITLE	1	•	Cna	inge D Addition	
NAME			4.2 NAME	ŀ			l	
STREET ADDRESS			4.3 STREET		_			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		☐ Cha	inge Addition	
TITLE		☐ DELETÉ	5.1 TITLE 5.2 NAME				. Disconnell	
NAME				T ADODECC				
STREET ADDRESS	sl .		5.3 STREET	ALJUNESS				

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 attention ment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZiP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Change

Addition

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90090 013 ***150.00