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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000081327 (6)

FLORIDA TELECARD & TELECOM, INC.



Principal Place 3908 PAPAYA ST JAMES CIT	ST	3908 PAPAYA	Mailing Address 3908 PAPAYA STREET ST ST JAMES CITY FL 33956						
US						3. Date Incorporated or Qualified 11/04/1994	ľ	te of Las	
2. Principal Pla	ace of Business	2a. Mailing Add	lress			4. FEI Number			Applied For
21		26				65-0563478		<u> </u>	Not Applicable
Suite, Apt #	t, etc	Suite, Apt 4	#, etc			5. Certificate of Status Desired		•	5 Additional Required
City & State		City & State	•			Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
Zip	Country	Zip		Country		8. This corporation has liability for	or intangible	tax unde	rs. 199.032,
:4	25	29	30		-	Florida Statutes	Yes 🔀		
	9. Name and Address of Curi	rent Registered Agent		81	Name	10. Name and Address of New F	Registered A	Agent	
GOI	LD, AARON J			"	tvarie:				
	SWANN AVE		82		Street Ad	treet Address (P.O. Box Number is Not Acceptable)			
TAN	APA FL 33606			83					
								Ta=1 =	
				84	City		FL	85 7	ip Code
	Signature typical or design to the control of the c	ageurand title if approatic	MOTE Ro		et signature res	pured when reinstating)	JOY DATE		
12. THILE	D OFFICERS.	agest and blest approache AND DIRECTORS	INOTE B.	13.		ADDITIONS/CHANGES TO OF	FICERS AND	DIRECT	
12. TITLE NAME	D BECKTA, BARRY M			13.	(ADDITIONS/CHANGES TO OF	FICERS AND	DIRECT	ORS IN 12
12.	D BECKTA, BARRY M 3908 PAPAYA ST			13. 11 TITLE 12 NAME	ADORESS (ADDITIONS/CHANGES TO OFF DIRECTOR /SAMDEHA NAMO A MENCCE	FICERS AND	DIRECT	ORS IN 12
12. Title Name Street address City-St-Zip	D BECKTA, BARRY M			13. 11 TITLE 12 NAME 13 STREET	ADORESS (ADDITIONS/CHANGES TO OFF DIRECTOR SHADEHA BADY A HENDOLE 1088 S. LAKE AUE	FICERS AND	DIRECT	ORS IN 12 ge Additio
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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 early; that I am an officer or director of the corporation of 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 33 if changed, or on an attachment with an address.

SIGNATURE: _

Pur 6,1996 (94)283-3693