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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000015303 (7)

LOWER FLORIDA TELECOMMUNICATIONS, INC.

FILED Apr 28 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address	Mailing Address			. radirate reg etrer firir datte fatte abert ditte tradt firit fill fill fill fill fill fill		
7003 N.W. 99TH WAY TAMARAC FL 33321			7003 N.W. 99TH WAY					
I IAMAHAC FL	L 33321	TAMARAC FL 33321			<u>ኮ</u> ሶ NC	T WRITE IN THIS	SPACE	
					3. Date Incorporated or C		017102	
					02/23/1995			
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			65-0583927		Not Applicabl	
Suite, Apt.	. #, etc	Suite, Apt. #, etc.			5. Certificate of Status De	sired	\$8.75 Additional	
22		27			b. Cermicate of Statos De	siled [Fee Required	
City & Stat	le	City & State			6. Election Campaign Fina	~ _	\$5.00 May Be	
Zip	Country	28	1 0:		Trust Fund Contribution		Added to Fees	
24	25	Zip	Cou	nıry	8. This corporation owes		_ `	
24	9. Name and Address of Curre	29]	30		Personal Property Tax of 10. Name and Address of		Yes No	
ED	OMM, NEIL	The state of the s		81 Na		How Hogistered	Agent	
	O3 N.W. 99TH WAY							
•	MARAC FL 33321			82 Str	eet Address (P.O. Box Number is Not A	ess (P.O. Box Number is Not Acceptable)		
'^	MININO PE 33321			63				
				64 Cit	у	FL	85 Zip Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508. Florida Str	atutes the at	DOVE-DAD	ned corporation submits this statement	for the nurnose o	f changing its registered	
office or r	registered agent, or both, in the State	e of Florida, Such change w	as authorized	by the	ned corporation submits this statement corporation's board of directors. I here	by accept the app	pointment as registered	
	art tammar with, and accept the cong	gations or, Socion 607,0305	, riolida Stat	ules.				
SIGNATURE	Signature, typed or printed name of registered ag	pent and the if applicable (NOTE Registered	Agent sign	sature required when reinstating)	DATE		
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES 1	O OFFICERS AND	DIRECTORS IN 12	
TOTLE	D	DELETE	1.1 10	LE			Change Addition	
NAME	FROMM, JEFF		1.2 NA	ME '				
STREET ADDRESS	7003 N.W. 99TH WAY		1.3 \$T	REET ADDRE	ess			
CITY-ST-ZIP	TAMARAC FL 33321		1.4 01	Y-ST-ZIP				
TITLE	0	DELETE	2.1 101	l.E			Change Addition	
NAME	FROMM, NEIL		2.2 NA	ME				
STREET ADDRESS	7003 N.W. 99TH WAY		2.3 \$1	REET ADDRE	ss			
CITY-ST-ZIP	TAMARAC FL 33321		2, 4 CI	TY - ST - ZIP		ni 17		
TITLE	D	☐ DELETE	3.1 111	LE			Change Addition	
NAME	FROMM, SYLVIA		3.2 NA	ME	1			
STREET ADDRESS	7003 N.W. 99TH WAY		3.3 ST	REE1 ADDRE	ess			
CITY-ST-ZIP	TAMARAC FL 33321		3.4. CF	TY-ST-ZIP				
TITLE		DELETE	4.1 TIT	LE			☐ Change ☐ Addition	
NAME			4. 2 N/	ME	1			
STREET ADDRESS			4.3 ST	REET ADDRE	ss			
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		Y-ST-ZIP				
TITLE		☐ DELETE	5.1 TIT	LE			Change Addition	
NAME			5.2 NA	ME				
STREET ADDRESS			5.3 \$1	REET ADDRE	\$S	•		
CITY-ST-ZIP			5.4 C(T	Y-ST-ZIP				
TITLE		☐ DELETE	6.1 TIT	LE			Change Addition	
NAME			6.2 NA	ME				
STREET ADDRESS			6.3 STI	EET ADDRE	SS			
CITY-ST-ZIP			64.00	Y - ST - 7IP				

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119,07(3)(i), Fiorida 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 affact, with an address.

SIGNATURE: