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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000023895**1. Corporation Name

TEL-TOUCH COMMUNICATIONS, INC.

												ia) d ili i da i
Principal Place	e of Business	Mailing Address							-			
5301 N FEDERAL HWY 5301 N FEDERAL HWY												
SUITE 250		SUITE 250	SUITE 250				DO NOT WOLTE IN THIS COLOR					
BOCA RATON F	FL 33487	BOCA RATON FL	BOCA RATON FL 33487				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed					
							1 **					
							03/22/1995	<u> </u>				
2. Principal Pl	ace of Business	2a. Mailing Addre	2a. Mailing Address				4. FEI Number Applied For					
21		26					65-065508	2				Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	Suite, Apt. #, etc.				5. Certifcate of S	Status Desired	v			ditional
22		27					ļ <u> </u>				Requ	
City & State	9	City & State	City & State				6. Election Camp					ay Be
23		28					Trust Fund Co	ontribution		Add	led to	Fees
Zip	Country	Zip	Zip Country				8. This corporation owes the current year Intangible					
24	25 29 30						<u> </u>	ersonal Property Tax. Yes No				
	9. Name and Address of C	urrent Registered Agent		1	,		10. Name and Ad	ddress of New	Registered	Agent		
				81	N	Name						
BROWN, WILLIAM L				82	ا ج	Street Addres	ss (P.O. Box Numb	er is Not Accept	able)			
504 SE 28TH AVE				Officer Address (i			00 (1.14. 22.11.14.14	.				
POM	PANO BEACH FL 33062			83	1							
				<u> </u>	L.			*		Hart :	7- 0-	4-
}				84	c	City		;	FL	85 2	Zip Co	
11 Pursuant	to the provisions of Sections 60	7.0502 and 607.1508. Florid	la Statutes, the	above	e-na	amed corpor	ration submits this s	statement for the	purpose of	changing	its re	egistered
l office or re	egistered agent, or both, in the improvement in the	State of Florida. Such chan	je was authoriz	ea by	the	corporation	n's board of director	s. I hereby acce	pt the appoi	ntment a	s regi	stered
]	The familiary triangle and account triangle	g										
SIGNATURE	Signature, typed or printed name of register	red agent and title if applicable.	(NOTE: Register	ed Agen	nt sig	gnature required v	when reinstating)		DATE			
12.	OFFICER	RS AND DIRECTORS	13	3.			ADDITIONS/CI	HANGES TO O	FICERS AN	D DIREC	CTOR	S IN 12
TITLE	PST	☐ DE	LETE 1.1	TITLE						Chan	ige	☐ Addition
NAME	BROWN, WILLIAM L		1.2	NAME								
STREET ADDRESS	504 SE 28TH AVE		1.3	STREET	T ADI	DRESS						
CITY-ST-ZIP	POMPANO BEACH FL 330	ne2		CITY-S		1						
TITLE	TOWN FATO BEACHTE SO			TITLE		"	·			☐ Char	nge	☐ Addition
	-		2.2 NAME									
NAME					T 4 C	NOTES:						
['	REET ADDRESS			2.3 STREET ADDRESS								
	Doriere			2.4 CITY-ST-ZIP				<u> </u>		Chan	nge	Addition
TITLE	_		31 TITLE							.9~		
NAME				NAME								
STREET ADDRESS			3.3	STREET	T ADi	ORESS						
CITY-ST-ZIP				3.4. CITY-ST-ZIP		OP	 -					- Addition
TITLE	☐ DELETE 14.1		4.1 TITLE				•		Char	nge	☐ Addition	
NAME			4.2	NAME								
STREET ADDRESS			43	STREET	T ADI	DRESS						
CITY-ST-ZIP			4.4	CITY-S	T-ZII	IP						
TITLE		□ DI	LETE 5.1	TITLE			_			[] Char	nge	Addition
NAME	, X		5.2	NAME					•			į
STREET ADDRESS	}		5.3	STREET	TAD	DRESS	` . ·			,		
CITY+ST-ZIP	47		5.4	CITY-S	T-ZI	P						
TITLE		П	LETE 6.1	TITLE		- "	·	· 		Char	nge	Addition
NAME				NAME								
\				STREET	TAD	ORESS						
STREET ADDRESS			0.0									

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 auticus, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

FILED

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90137 010 ***158.75