

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

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May 08, 1999 8:00 am  
Secretary of State

05-08-1999 90057 009 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000038470**

1. Corporation Name  
**INTERNET TELEPHONE COMPANY**



Principal Place of Business	Mailing Address
902 CLINT MOORE ROAD SUITE 104 BOCA RATON FL 33487	902 CLINT MOORE ROAD SUITE 104 BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/15/1995</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0577407</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**B & C CORPORATE SERVICES, INC.  
201 S. BISCAYNE BOULEVARD, SUITE 3000  
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>C COHEN, STEPHEN R</b>	1.2 NAME	<b>COHEN, STEPHEN R</b>
STREET ADDRESS	<b>18703 LONG LAKE DRIVE</b>	1.3 STREET ADDRESS	<b>4938 SANCTUARY LANE</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>	1.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33431</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>ASSISTANT CHAIRMAN</b>
NAME	<b>P KENNEDY, ROBERT</b>	2.2 NAME	<b>VICE</b>
STREET ADDRESS	<b>501 S. OCEAN BLVD., UNIT 101</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STV KAUFMAN, HARVEY</b>	3.2 NAME	
STREET ADDRESS	<b>2000 S. OCEAN BLVD., APT. 17-C</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V MATTAWAY, SHANE</b>	4.2 NAME	
STREET ADDRESS	<b>1270 NW 8TH STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL 33486</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D GOLDBERG, MICHAEL</b>	5.2 NAME	
STREET ADDRESS	<b>320 PARK AVENUE - 24TH FLOOR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10022</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D ROBINSON, A. JEFFREY</b>	6.2 NAME	
STREET ADDRESS	<b>201 S. BISCAYNE BLVD.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

561-998-8700

Date

Daytime Phone #

CR2E034 (11/98)