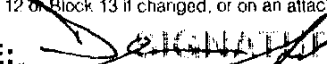


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000058709 (3) 1. Corporation Name SOUTHEAST PAYPHONES, INC.			
Principal Place of Business 2431 ALOMA AVE SUITE 221 WINTER PARK FL 32782		Mailing Address 2431 ALOMA AVE SUITE 221 WINTER PARK FL 32782-2530	
2. Principal Place of Business 21 Suite, Apt. #, etc. DAVID S. PIERCEFIELD, P.A. 230 LOOKOUT PLACE, SUITE 200 MAITLAND, FLORIDA 32751		2a. Mailing Address 26 Suite, Apt. #, etc. DAVID S. PIERCEFIELD, P.A. 230 LOOKOUT PLACE, SUITE 200 MAITLAND, FLORIDA 32751	
24 Zip 25 Country		29 Zip 30 Country	
9. Name and Address of Current Registered Agent PIERCEFIELD, DAVID S 2431 ALOMA AVE SUITE 221 WINTER PARK FL 32782 DAVID S. PIERCEFIELD, P.A. 230 LOOKOUT PLACE, SUITE 200 MAITLAND, FLORIDA 32751		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 FL	
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 NAME STREET ADDRESS CITY-ST-ZIP	DP SABIA, DENNIS 2431 ALOMA AVE SUITE 221 WINTER PARK FL 32782 ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TOMS, MARK J 3070 BLUFFTON COVE OMIEDO FL 32765 ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition
14. I do 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.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DENNIS SABIA - PRES		4/9/97 (407) 774-5180 Date Daytime Phone #	

CR2E034 (9/96)