

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 07, 1999 8:00 am
Secretary of State
07-07-1999 90003 039 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000067049

1. Corporation Name
WHOLESALE LONG DISTANCE, INC.



Principal Place of Business
3347 NW 53RD CIRCLE
BOCA RATON FL 33496
US

Mailing Address
3347 NW 53RD CIRCLE
BOCA RATON FL 33496
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

3. Date Incorporated or Qualified
08/28/1995

4. FEI Number
65-0652296

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
FAGIN, RICHARD
3347 NW 53RD CIRCLE
BOCA RATON FL 33496

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	FAGIN, RICHARD	3347 NW 53RD CIRCLE	BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 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.

SIGNATURE: RICHARD FAGIN 7/1/99 (561) 998-4255

Wholesale Long Distance

Florida Regional Office
Tel: 800 477-8035 Fax: 800 477-8902

P95000067049
582168-90003-39

Thursday, July 01, 1999

Annual Reports Filing
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

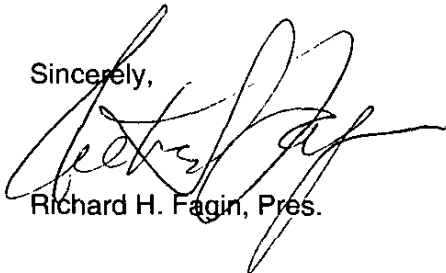
Dear Sirs:

Enclosed please find our Annual Report filing.

The reason we are filing at this time is that we did not receive first notice!

Check enclosed for original filing fee of \$150.00.

Sincerely,



Richard H. Fagin, Pres.