

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

FILED
Jan 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000069401 (4)
1. Corporation Name

POCKET PAY PHONE, INC.

Principal Place of Business

4699 N. FEDERAL HWY
SUITE 110
POMPANO BEACH FL 33064

Mailing Address

4699 N. FEDERAL HWY
SUITE 110
POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/05/1995

4. FEI Number

65-0609991

Applied For

Not Applicable

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 4699 N. FEDERAL HWY 25 4699 N. FEDERAL HWY.

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
SUITE # 109 SUITE # 109

23 City & State 28 City & State
POMPANO BEACH FL. POMPANO BEACH FL

24 Zip 25 Country 29 Zip 30 Country
33064 33064

9. Name and Address of Current Registered Agent

STARSON, PETER P ESQ
8751 W. BROWARD BLVD.
SUITE 106
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name EDWARD J. CONNELLY III
82 Street Address (P.O. Box Number is Not Acceptable)
4699 N. FEDERAL HWY
83 Suite # 109
84 City POMPANO BEACH FL 85 Zip Code 33064

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 607.0502, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22/98

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | DELETE |
|-------|---------------------|--------------------------------|------------------------|-------------------------------------|
| T | JOHNSON, GAIL | 4699 N. FEDERAL HWY SUITE 110 | POMPANO BEACH FL 33064 | <input checked="" type="checkbox"/> |
| S | SCALZI, JANET | 4699 N. FEDERAL HWY. SUITE 110 | POMPANO BEACH FL 33064 | <input checked="" type="checkbox"/> |
| P | CONNELLY, EDWARD J. | 4699 N FEDERAL HWY., SUITE 110 | POMPANO BEACH FL | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | Change | Addition |
|-----------|----------|--------------------|---------------------|-------------------------------------|--------------------------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/7/98 (954) 783-8500

CR2E034 (10/97)