

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000084035 (1)**

1. Corporation Name

**AMERITEL SERVICES CO.**



Principal Place of Business: **5850 LAKEHURST DR., STE. 100 ORLANDO FL 32819**  
Mailing Address: **5850 LAKEHURST DR., STE. 100 ORLANDO FL 32819**

3. Date Incorporated or Qualified: **10/30/1995**  
3a. Date of Last Report: **10/30/1995**  
4. FEI Number: **59-3341949**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21 5460 International Dr. Suite, Apt. #, etc. Orlando, FL 32819**  
22. City & State: **Orlando**  
23. Zip: **32819**  
24. Country: **25**  
2a. Mailing Address: **26 Same**  
27. City & State: **28**  
29. Zip: **30**  
31. Country: **32**

9. Name and Address of Current Registered Agent: **SUTTON, DONALD A 5850 LAKEHURST DR., STE. 100 ORLANDO FL 32819**  
10. Name and Address of New Registered Agent: **81 Name: SUTTON, DONALD A 82 Street Address (P.O. Box Number is Not Acceptable): 5850 LAKEHURST DR., STE. 100 ORLANDO FL 32819 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input checked="" type="checkbox"/> DELETE
NAME	SUTTON, DONALD A	
STREET ADDRESS	5850 LAKEHURST DR., STE. 100	
CITY - ST - ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	Antonio Serpico Junior	
13. STREET ADDRESS	5460 International Drive	
14. CITY - ST - ZIP	Orlando, FL 32819	
2. TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22. NAME	Rejane C. Serpico	
23. STREET ADDRESS	5460 International Drive	
24. CITY - ST - ZIP	Orlando, FL 32819	
3.1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2. NAME		
3.3. STREET ADDRESS		
3.4. CITY - ST - ZIP		
4.1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2. NAME		
4.3. STREET ADDRESS		
4.4. CITY - ST - ZIP		
5.1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2. NAME		
5.3. STREET ADDRESS		
5.4. CITY - ST - ZIP		
6.1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2. NAME		
6.3. STREET ADDRESS		
6.4. CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]* **President** DATE: **04/30/96** **14073245.5666**

CR2E094 (12/95)