

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

FILED
May 14 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 # P95000094019 (3)

1. Corporation Name
JCM PAYPHONES INC.



Principal Place of Business
**1441 NE 13TH AVENUE
 FORT LAUDERDALE FL 33304**

Mailing Address
**1441 NE 13TH AVENUE
 FORT LAUDERDALE FL 33304-1336**

3. Date Incorporated or Qualified: **12/12/1995**
 3a. Date of Last Report: **03/12/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0636884		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		29		30	
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MARINO, MICHAEL 1441 NE 13TH AVENUE FORT LAUDERDALE FL 33304				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			

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	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARINO, MICHAEL			1.2 NAME			
STREET ADDRESS	1441 NE 13TH AVENUE			1.3 STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33304			1.4 CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARINO, DAN			2.2 NAME			
STREET ADDRESS	1441 NE 13 AVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL			2.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARINO, JOHN JR.			3.2 NAME			
STREET ADDRESS	1441 NE 13 AVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL			3.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARINO, ANGELO			4.2 NAME	V MARINO ANGELO		
STREET ADDRESS	1441 NE 13 AVE			4.3 STREET ADDRESS	1441 NE 13 AVE		
CITY-ST-ZIP	FT. LAUDERDALE FL			4.4 CITY-ST-ZIP	FT LAUDERDALE FL 33304		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARINO, ROBERT			5.2 NAME	S MARINO ROBERT		
STREET ADDRESS	1441 NE 13 AVE			5.3 STREET ADDRESS	1441 NE 13 AVE		
CITY-ST-ZIP	FT. LAUDERDALE FL			5.4 CITY-ST-ZIP	FT LAUDERDALE FL 33304		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 _____ **4-30-97** **954-563-1500**

CR2E034 (9/96)