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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT #

1. Corporation Name

## Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90030 009 \*\*\*150.00

AMERICAN GLOBAL TELCOM,	INC.					
Principal Place of Business	Mailing Address			a inclinati (10 )brio divil nome talici nacii nom	48159 11891 119	
8636 PORT SAID STREET	8636 PORT SAID STREET					
ORLANDO FL 32817	ORLANDO FL 32817			DO NOT WOLLS IN THE	C CDACE	
				DO NOT WRITE IN THI  3. Date Incorporated or Qualifed	3 SPACE	
				01/02/1996		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		pplied For
21	26			59-3415087		lot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	<b>v</b>	Additional
22	27			3. 33		Required
City & State	City & State			6. Election Campaign Financing		May Be
23	28		4	Trust Fund Contribution		to Fees
Zip Country	l Zip ├──	Coun	try	8. This corporation owes the current year l	ntangible ☐ Yes	<b>→</b> No
24 25		30	<del></del>	Personal Property Tax.  10. Name and Address of New Registered		<b>1</b>
9. Name and Address of C	Jurient Registered Agent		81 Name	18. Hallie and Address of their Registers.	- 7-801-1	
WEAVER, ROBERT L		L				
8636 PORT SAID STREET		ľ	82 Street Addi	ress (P.O. Box Number is Not Acceptable)		}
ORLANDO FL 32817		Į.	83			
8 38 38 3°	••	Ĺ				
	<i>*</i> •	[-	B4 City	F	85 Zip	Code
Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent. I am familiar with, and accept the SIGNATURE	State of Florida. Such change was aut	thorized	by the corporate	poration submits this statement for the purpose of on's board of directors. I hereby accept the app	of changing i	ts registered egistered
Signature, typed or printed name of registe	red agent and title if applicable. (NOTE: F	Registered A	gent signature require			
	RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE P	☐ DELETE	1.1 TITL			Change	Addition
NAME WEAVER, ROBERT L		1.2 NAA	4E			
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CITY-ST-ZIP ORLANDO FL		1.3518	LLI ADDITUGO			
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	☐ DELETE	1.4 CITY 2.1 TITL 2.2 NAM	/-ST-ZIP E	<u> </u>	☐ Change	Addition
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14. I hereby certify that the information supplied with this filling 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, with all other like empowered.

SIGNATURE:

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-677-8025