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FILED
May 14 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 # P96000011786 (6)

1. Corporation Name

SOUTHEAST PHONECARD, INC.



Principal Place of Business

Mailing Address

3333 S CONGRESS AVE
SUITE 401
DELRAY BEACH FL 33445
US

3333 S CONGRESS AVE
SUITE 401
DELRAY BEACH FL 33445
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/07/1996

4. FEI Number

65-0747473

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 4551 N. Dixie Hwy.

Suite, Apt. #, etc.

22

City & State

23 Boca Raton, FL

Zip

24 33431

Country

25 USA

City & State

23 Boca Raton, FL

Zip

24 33431

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City & State

23 Boca Raton, FL

Zip

24 33431

Country

25 USA

10. Name and Address of New Registered Agent

81 Name

Bruce Schames

82 Street Address (P.O. Box Number is Not Acceptable)

83

4551 N. Dixie Hwy.

84 City

Boca Raton

FL

85 Zip Code

33431

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/98

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

LEINER, MEL

STREET ADDRESS

4860 NW 65TH AVE

CITY - ST - ZIP

LAUDERHILL FL

TITLE

STD

NAME

SCHAMES, BRUCE

STREET ADDRESS

9133 NW 1 STREET

CITY - ST - ZIP

CORAL SPRINGS FL

TITLE

VPD

NAME

MARKS, DARREN M

STREET ADDRESS

22809 MARBELLA CIRCLE

CITY - ST - ZIP

BOCA RATON FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PD

1.2 NAME

mark Bennett

1.3 STREET ADDRESS

17821 Skypark Circle, Suite G

1.4 CITY - ST - ZIP

Irvine, CA 92614

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

[Signature]

4/24/98

CR2E034 (10/97)