

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90035 023 ***150.00

DOCUMENT #

P96000017499
Phone Card Systems, Inc

1. Corporation Name

Principal Place of Business

Mailing Address

10740 Losco Junction Drive
Jacksonville, Florida 32257

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2/23/96

2. Principal Place of Business

21 2864 Village Grove Dr

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Jacksonville, Florida

28 Zip Country

24 32257 25 Duval

29 30

4. FEI Number

59-3367203

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 the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

Sussman, Jack
10740 Losco Junction Drive
Jacksonville, Florida 32257

10. Name and Address of New Registered Agent

81 Name

Charles R. Sussman, C.P.A.

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

4215 Southpoint Blvd, #140

83

84 City

Jacksonville,

FL

85 Zip Code

32216

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 *Charles R. Sussman, CPA*

Charles R Sussman

4/29/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME Sussman Collier, Shannan
STREET ADDRESS 3165 Highland Dr
CITY-ST-ZIP Smyrna, Ga 30080

TITLE D ☐ DELETE
NAME Sussman, Jack
STREET ADDRESS 10740 Losco Junction Dr
CITY-ST-ZIP Jacksonville, Fl 32257

TITLE D ☐ DELETE
NAME Sussman, Sharon
STREET ADDRESS 10740 Losco Junction Dr
CITY-ST-ZIP Jacksonville, Fl 32257

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D, S ☒ Change ☐ Addition
1.2 NAME 2660 Cochise Dr
1.3 STREET ADDRESS Acworth, Ga 30102
1.4 CITY-ST-ZIP

2.1 TITLE D, P ☒ Change ☐ Addition
2.2 NAME 2864 Village Grove Dr N
2.3 STREET ADDRESS Jacksonville, Fl 32257
2.4 CITY-ST-ZIP

3.1 TITLE D, V, T ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 2864 Village Grove Dr N
3.4 CITY-ST-ZIP Jacksonville, Fl 32257

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE: *Jack Sussman*

4/29/99

(904) 262-4424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)