SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

12730 NEW BRITTANY BOULEVARD

PROFIT CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000021057 (0)

## B T TELEPHONES INC.

Principal Place of Business

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

12730 NEW BRITTANY BOULEVARD

| FT. MYERS FL 33907                                 |   |  |                          |                   | DO NOT WRITE IN THIS SPACE |  |                           |
|--|---|--|--------------------------|-------------------|----------------------------|--|---------------------------|
| US   |   |  |                          |                   |                            | 3. Date incorporated or Qualified  |                           |
|  |   |  |                          |                   |                            | 03/07/1996   |                           |
| 2. Principal Place of Business 2a. Mailing Address |   |  |                          |                   |                            | 4. FEI Number  | Applied For               |
| 21 26  |   |  |                          |                   |                            | 65-0085601   | Not Applicable            |
| Suite, Apt. #, etc. Suite, Apt. #, etc.            |   |  |                          |                   |                            | 5. Certificate of Status Desired   | \$8.75 Additional         |
| 27   |   |  |                          |                   |                            | 3. Certificate of Status Desired   | Fee Required              |
| City & State City & Sta                            |   |  | tate                     |                   |                            | 6. Election Campaign Financing   | \$5.00 May Be             |
| 23   |   | 28   |                          |                   |                            | Trust Fund Contribution  | Added to Fees             |
| Zip  | Country   | Zip Zip  | Countr                   |                   | !                          | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No |                           |
| 24   | 25  | 29]  | 30                       | 30                |                            |  |                           |
| <b></b>  | 9. Name and Address of Cur  | rent Registered Agent  |                          | -                 | T                          | 10. Name and Address of New Register   | ed Agent                  |
| LAB  | Barbera, ronald a   |  |                          | 81                | Name                       |  |                           |
| 12730 NEW BRITTANY BOULEVARD<br>FT. MYERS FL 33907 |   |  |                          | 82                | Street Ac                  | Street Address (P.O. Box Number is Not Acceptable)   |                           |
|  |   |  |                          |                   | <u></u>                    |  |                           |
|  |   |  |                          | 83                |                            |  |                           |
|  |   |  |                          | 84                | City                       |  | . 85 Zip Code             |
|  |   |  |                          |                   | ,                          | F  | L   S   Zip code          |
| 11. Pursuar  | nt to the provisions of sections 607.0  | 1502 and 607.1508, Florida Sta                                     | lutes, the               | above             | named cor                  | poration submits this statement for the purpose of   | f changing its registered |
| office or agent. I                                 | r regist <b>ere</b> d agent, or both, in the St<br>am fa <b>m</b> lliar with, and accept the ob | ate of Florida. Such change wa<br>bligations of, section 607.0505, | as autnori.<br>Florida S | zea by<br>tatute: | tne corpor<br>s.           | ation's board of directors. I hereby accept the ap   | pointment as registered   |
| SIGNATURE  |   | · ·  |                          |                   |                            |  |                           |
| GIGHTATOTAL  | Signature, typed or printed name of registered  |  |                          |                   | gent signature             | required when reinstating) DATE  |                           |
| 12.  | · · · · · · · · · · · · · · · · · · ·   | AND DIRECTORS  | 1                        | 3                 |                            | ADDITIONS/CHANGES TO OFFICERS  | AND DIRECTORS IN 12       |
| TITLE  | P   | DELETE   | 1.1                      | TITLE             |                            |  | Change Addition           |
| NAME   | LABARBERA, RONALD   |  | 1,2                      | NAME              |                            |  |                           |
| STREET ADDRESS                                     | 12790 NEW BRITTANY BLVI   | )  | 1.3                      | \$TREET           | ADDRESS                    |  |                           |
| CITY-ST-ZIP  | FT MYERS FL   |  | 1.4                      | CITY-S1           | (-Z(P                      |  |                           |
| TITLE  | DELETE  |  | 2.1                      | TITLE             |                            |  | Change Addition           |
| NAME   |   |  | 2.2                      | NAME              |                            |  |                           |
| STREET ADDRESS                                     | · <b>1</b>  |  | 23                       | STREET            | ADDRESS                    |  |                           |
| CITY-ST-ZIP  | _   |  | 2.4                      | CITY-S1           | í-ZIP                      |  | _                         |
| TITLE  | DELETE 3.11   |  | 3.1 TITLE                |                   |                            | Change Addition  |                           |
| NAME   |   | _  | 3.2                      | NAME              | 1                          |  |                           |
| STREET ADDRESS                                     |   |  | 3.3                      | STREET            | ADDRESS                    |  |                           |
| CITY-ST-ZIP  |   |  | 3.4                      | CITY-S1           | [- <b>2</b> 1P             |  |                           |
| TITLE  |   |  | TITLE                    |                   | # 10                       | Change Addition  |                           |
| NAME   |   |  | 4.2                      | NAME              |                            |  |                           |
| STREET ADDRESS                                     |   |  | 4.3                      | STREET            | ADDRESS                    |  |                           |
| CITY-ST-ZIP  |   |  | 4.4                      | CITY-S1           | I-ZIP                      |  |                           |
| TITLE  |   | DELETE   |                          | TITLE             |                            |  | Change Addition           |
| i  | 1   | L.J OCICIC   |                          |                   | ŀ                          |  | CHANGE LI AWINDH          |

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?

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

6/30/98

228 1111

Change

Addition

**FILED** 

Jul 08 1998 8:00am

Secretary of State