PROFIT CORPORATION ANNUAL REPORT			FLORIDA DEPARTMENT OF STATE Sandre B. Mortham Secretary of State DIVISION OF CORPORATIONS		May 07 1998 8:00an Secretary of State	
	GO PHONE, INC.	000454 Mailing A	51 (7)			
1314 n.w. 12 Sunrise FL (5TH TERRACE 333323	1314 N.W. 125TH TERRACE SUNRISE FL 33323			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
				14 14 1	05/21/1996	
I. Principal Pl	lace of Business	2a. Mailir 26	g Address		4. FEI Number 65-0672110	Applied For Not Applicable
Suite, Apt.	#, BIC.	Suite,	Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State			City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
Zip	Country	28 Zip		Country	Trust Fund Contribution I 8. This corporation owes or has paid the current of th	Added to Fees
]	25 9. Name and Address of Cu	29		30	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
				83. 84 City		85 Zip Code
agent i a	to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the o	0502 and 607.150 State of Florida. Suc bligations of, Secti	8, Fiorida Statul h change was on 607.0505, Fl	84 City es, the above-named cor authorized by the corpora	FI poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	
agent Fai SIGNATURE	m familiar with, and accopt the o	a agont and take if applica	on 607.0505, Fi	B4 City es, the above-named cor authorized by the corpora orida Statutes. Registered Agent signature requ	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap ired when reinstating) DATE	of changing its registered
agent, fai HGNATURE 2. TLE AME IREET ADORESS	Signature, typed or printed name of registere OFFICE RS DETZ, ERIC 1314 N.W. 125TH TERRAC	agont and tilk if applica AND DIRECTORS	on 607.0505, Fi	B4 City B5 City B5 City B5 City B5 City authorized by the corpora brida Statutes. Begistered Agent Signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered
agent. f al IGNATURE 2. TLE WME TY-S1-ZIP ILE WME	Signature, typed or printed name of registeries OFFICE RS DETZ, ERIC	agont and tilk if applica AND DIRECTORS	on 607.0505, FI	B4 City as, the above-named cor authorized by the corpora brida Statutes. C Registered Agent signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap ired when reinstating) DATE	of changing its registered opointment as registered
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