

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
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90104 023 ***150.00

DOCUMENT # P96000063798

1. Corporation Name

CONSOLIDATED TELECOM CORPORATION

Principal Place of Business

4515 BEE RIDGE RD
SARASOTA FL 34233
US

Mailing Address

4411 BEE RIDGE RD
#454
SARASOTA FL 34233
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1626 BARBER ROAD

2a. Mailing Address

26 1626 BARBER ROAD

Suite, Apt. #, etc.

22 SUITE B

Suite, Apt. #, etc.

27 SUITE B

City & State

23 SARASOTA, FLORIDA

City & State

28 SARASOTA, FLORIDA

Zip

24 34240

Country

25 USA

Zip

29 34240

Country

30 USA

3. Date Incorporated or Qualified

07/30/1996

4. FEI Number

65-0694475

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

LAZZARI, PETER R
360 FERNSHIRE COURT
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE

NAME LAZZARI, PETER R
STREET ADDRESS 360 FERNSHIRE COURT
CITY-ST-ZIP PALM HARBOR FL

TITLE C ☐ DELETE

NAME HEALEY, WILLIAM
STREET ADDRESS 4515 BEE RIDGE RD
CITY-ST-ZIP SARASOTA FL

TITLE P ☐ DELETE

NAME WALENSKY, K. C.
STREET ADDRESS 4515 BEE RIDGE RD
CITY-ST-ZIP SARASOTA FL 34233

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 ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1626 BARBER ROAD, SUITE B
SARASOTA, FL 34240

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

1626 BARBER ROAD, SUITE B
SARASOTA, FL 34240

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: K. C. WALENSKY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99 941-371-4120

Date

Daytime Phone #

CR2E034 (1/198)