

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

DOCUMENT # P96000064023

1. Corporation Name

ACCUTEL COMMUNICATIONS, INC.

Principal Place of Business

1060 S. FED HWY
SUITE A
DELRAY BEACH FL 33444
US

Mailing Address

P O BOX 1610
BOCA RATON FL 33429
US

2. Principal Place of Business

21 100E Sample Rd, #210

Suite, Apt. #, etc.

22 Pompano Beach, FL

City & State

23 33064

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

SOREIDE, ARNE M
19225 CLOISTER LAKE LN
BOCA RATON FL 33498

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1996

4. FEI Number

65-0682452

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

10. Name and Address of New Registered Agent

81 Name

SOREIDE, ARNE M

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

100E Sample Rd, Suite 210

83 Pompano Beach

84 City

FL

85 Zip Code

33064

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 607.0508, 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 PSTD
NAME SOREIDE, LYNN M
STREET ADDRESS 19225 CLOISTER LAKE LN
CITY-ST-ZIP BOCA RATON FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSTD
1.2 NAME DONNA M. Sottile
1.3 STREET ADDRESS 100E Sample Rd, Suite 210
1.4 CITY-ST-ZIP Pompano Beach, FL 33064

☒ Change

☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 as an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90173 032 ***150.00



CR2E034 (11/98)