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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # **P96000072746**1. Corporation Name

U.S. PAYTEL, INC.

FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90004 005 ***150.00



Principal Plac	ce of Business	Mailing Address			150 1616 6111 68111 68		8858 (1815 181	/// MINCO 01// 1004
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5713 CORPORATE WAY. SUITE 201 5713 CORPORATE WAY. SUITE 201 WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407								
THE TIME OF THE PROPERTY OF TH					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
					09/03/1996			[
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number			Applied For
21 11.000 Prosport bylas 26 11.000 Drosper to			Trosms 1	65-0690487			Not Applicable	
Suite, Apt. #_ etc. Rad Suite, Apt. #, etc.					- O III A A A B A B A B A B A B A B A B A B		\$8.75	Additional
22 #30/ 27					5. Certificate of Status Desired		Fee f	Required
City & State City & State			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/03/1996 4. FEI Number 65-0690487 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing \$5.00 May Be Added to Fees Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes No 10. Name and Address of New Registered Agent 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 15. Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. TITLE 12. NAME 13. STREET ADDRESS 14. CITY-ST-ZIP 21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY-ST-ZIP 31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY-ST-ZIP 31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY-ST-ZIP 33. STREET ADDRESS 34. CITY-ST-ZIP 31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY-ST-ZIP 33. STREET ADDRESS 34. CITY-ST-ZIP					
23 /7/1	Mach Gordens F	128 Palm Beach Co	c./	las F	Trust Fund Contribution			
Zip	Country	Zip	Cou	ntry	8. This corporation owes the curre	ent year Inta	angible	
24 33	410 25 45	29 334/0 30	5 <i>(</i>	15	Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered /	Agent	
AMERILAWYER CHARTERED				82 Street Address (P.O. Box Number is Not Accentable)				
343 ALMERIA AVENUE				OZ Street Addit		,		
COF	RAL GABLES FL 33134			83				
				24 - 2:			05: 7	Cado
.*				84 City		FL	[85] ^{ZI}	Code
11 Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statutes,	the al	pove-named corpo	oration submits this statement for the	nurpose of	changing i	ts registered
/ ffice or s	registered agent, or both, in the State o am familiar with, and accept the obligation	f Florida. Such change was auth	onzed	by the corporation	n's board of directors. I hereby accep	t the appoir	itment as	registered
agent. i a	am familiar with, and accept the obligation	ons or, Section 607.0303, Florida	a Siau	1165.				1
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered	Agent signature required	when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	ICERS AN	D DIRECT	ORS IN 12
TITLE	PTD	☐ DELETÉ	1.1 TIT	ıe			☐ Change	Addition
NAME	JOYCE, PAUL F		1.2 NA	ME				
STREET ADDRESS	STAN CORPORATE WAY CHITE	201	1.3 ST	REET ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL 33407							ļ
TITLE	VSD	☐ DELETE					Change	Addition
NAME	COOK, CHARLES R		2.2 NA	ME				
	STAN CORPORATE WAY CHITE	201						J
STREET ADORESS	WEST PALM BEACH FL 33407	201	ŀ					
CITY-ST-ZIP	WEST FALM BEACTIFE 33407	OELETE					Change	Addition
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NAME			22 NA		•	-		Ì
STREET ADDRESS	i				•	·		
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STREET ADDRESS		☐ DELETE	3.3 ST 3.4. CI 4.1 TII 4. 2 N/ 4.3 ST	REET ADDRESS TY-ST-ZIP LE AME REET ADDRESS		· · · · · ·	Change	Addition
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			3.3 ST 3.4. CI 4.1 TH 4.2 N/ 4.3 ST 4.4 CH 5.1 TH	REET ADDRESS TY-ST-ZIP LE MME REET ADDRESS TY-ST-ZIP LE ME		<u>.</u>		
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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 reports 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 fusted 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 attackment with an address, with all other like empowered.

SIGNATURE:

5617760985