PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000079824

PHONE CARD INTERNATIONAL COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
2875 S. ORANGE AVE STE. 500-415	2875 S. ORANGE AVE., STE. 500-415
ORLANDO FL 32806	ORLANDO FL 32806

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90016 004 ***600.00



Principal Place of Business Mailing Address							1 18916 19191 1911	- - - - - - - - - - - -	
2875 S. ORANGE AVE STE. 500-415 2875 S. ORANGE AVE STE. ORLANDO FL 32806 ORLANDO FL 32806			STE. 500-41	5		DO NOT WRITE IN THI	S SPACE		
						3. Date Incorporated or Qualifed			
						09/24/1996			
Principal Place of Business 2a. Mailing Address						4. FEI Number	Applied For		
21 26						59-3452559	Not Applicable		
Suite, Apt. #, etc Suite, Apt. #, etc. 22 27				5		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	9	City & State				Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip	Country	Zíp	Cou	ntry		8. This corporation owes the current year li	<u> </u>		
24	25	25 29 30			_	Personal Property Tax.			
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Registered	d Agent		
50.14	PDO 105			81	Name				
DINARDO, JOE 2875 S ORANGE AVENUD				82	Street Add	ress (P.O. Box Number is Not Acceptable)			
SUIT	E 500-415			83					
ORL/	ANDO FL 32806			84	City	F	85 Zip	Code	
				Ш				e registered	
office or r	to the provisions of Sections 607.t egistered agent, or both, in the Sta m familiar with, and accept the ob	ate of Florida. Such change was	s authorizer	1 bv	the corporati	poration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as re	egistered	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable (NC	OTF Registered	Адел	I signature require	d when reinstating) DATE			
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	ORS IN 12	
TITLE	DPST	☐ DELETE	1 1 TI	TLE			☐ Change	Addition	
NAME	DINARDO, JOSEPH	12 N.		AME					
STREET ADDRESS 2875 S. ORANGE AVE., STE. 500-415		135	1 3 STREET ADDRESS				1		
CITY-ST-ZIP	ODIANDO EL COCCO		14 CI	TY-\$1	r- ZIP				
TITLE			2 1 TI	TLE			☐ Change	Addition	
NAME	GROVE, LEE D		22 N	AME				İ	
STREET ADDRESS	ANDER OF OPENIOR MENUTE COTE FOR ALE		2351	TREET	ADDRESS				
CITY-ST-ZIP	ODI ANDO EL 2000C			2 4 CITY+ST+ZIP					
TITLE	DELETE 31T		TLE			Change	Addition		
NAME			32 N	AME					
STREET ADDRESS			33 S1	TREET	ADDRESS			,	
CITY-ST-ZIP			34 C	ITY-S	T-ZIP				
TITLE		☐ DELETE	4 1 TI	TLE			Change	Addition	
NAME			4 2 N	IAME					
STREET ADDRESS			4 3 S	TREET	ADDRESS				
CITY-ST-ZIP			4 4 CI	ITY-S	r-ZIP				
TITLE		☐ DELETE	5.1 TI				Change	Addition	
NAME			52 N	AME					
STREET ADDRESS			538	TREET	ADDRESS			ŀ	
CITY-ST-ZIP				ITY-S	T-ZIP				
TITLE		☐ DELETE	61TI	TLE	İ		☐ Change	Addition	
NAME			62 N	AME					
STREET ADDRESS			6.3 S	TREET	ADDRESS			}	

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. CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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