

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 26, 1999 8:00 am  
Secretary of State

04-26-1999 90176 037 \*\*\*150.00

DOCUMENT # P96000082845

1. Corporation Name

TOUCH TONE TECHNOLOGIES, INC.



Principal Place of Business

1900 GLADES ROAD  
SUITE 200  
BOCA RATON FL 33431-7260

Mailing Address

1900 GLADES ROAD  
SUITE 200  
BOCA RATON FL 33431-7260

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/08/1996

4. FEI Number

65-0698442

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

FROST, DEAN  
1900 GLADES ROAD  
SUITE 200  
BOCA RATON FL 33431

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 ☐ DELETE

TITLE D  
NAME WEST, ALAN R  
STREET ADDRESS 6415 N W 30TH AVENUE  
CITY-ST-ZIP BOCA RATON FL 33496

TITLE D  
NAME MAILLOUX, ROBERT W  
STREET ADDRESS 9997 RICHMOND CIRCLE  
CITY-ST-ZIP BOCA RATON FL 33494

TITLE EVP  
NAME AMICK, J. KENNETH  
STREET ADDRESS 975 NW 49TH WAY  
CITY-ST-ZIP COCONUT CREEK FL 33063

TITLE D  
NAME BRUNSON, BRUCE  
STREET ADDRESS 17016 BROOKWOOD DRIVE  
CITY-ST-ZIP BOCA RATON FL 33496

TITLE D  
NAME GREENBERG, HAROLD  
STREET ADDRESS 17695 BOCAIRE PLACE  
CITY-ST-ZIP BOCA RATON FL 33431

TITLE D  
NAME KARMELIN, MICHAEL A  
STREET ADDRESS 7 ILANA LANE  
CITY-ST-ZIP NEW YORK CITY NY 10950

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

1.1 TITLE DIRECTOR  
1.2 NAME JAMES, SEAN  
1.3 STREET ADDRESS 300 SOUTH OCEAN BLVD, #202  
1.4 CITY-ST-ZIP BOCA RATON, FL 33432

2.1 TITLE EXECUTIVE VICE PRES  
2.2 NAME DEAN FROST  
2.3 STREET ADDRESS 6840 TOWN HARBOR BLVD # 3424  
2.4 CITY-ST-ZIP BOCA RATON, FL 33433

3.1 TITLE VICE PRESIDENT  
3.2 NAME APRIL TRUSZ  
3.3 STREET ADDRESS 1201 NW 13TH ST  
3.4 CITY-ST-ZIP BOCA RATON, FL 33486

4.1 TITLE VICE PRESIDENT  
4.2 NAME DANIEL TRUSZ  
4.3 STREET ADDRESS 1201 NW 13TH ST  
4.4 CITY-ST-ZIP BOCA RATON, FL 33486

5.1 TITLE CHIEF FINANCIAL OFFICER & TREASURER  
5.2 NAME MICHAEL KARMELIN  
5.3 STREET ADDRESS 108 CORAL KEY DRIVE  
5.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

6.1 TITLE  
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 a letter like empowered. \*\* HAS BEEN ON THE BOARD SINCE

SIGNATURE: Dean Frost

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-99 561-447-6000

Date

Daytime Phone #

CR2E034 (11/98)