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

Mailing Address

6250 82ND AVE N

2a. Mailing Address

PINELLAS PARK FL 33781

#200

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000086273

Principal Place of Business

2. Principal Place of Business

PINELLAS PARK FL 33781

6250 82ND AVE N

#200

AMERICAN VOICE & DATA, INC.

21	2	26			59-3408527		Not	Applicable
Suite, Apt.					5. Certificate of Status Desired	v	\$8.75 A Fee Rec	
City & State					Election Campaign Financing Trust Fund Contribution		\$5.00 t	- 1
23 Zin	Country	Zip	Country		This corporation owes the curr	ont vans late		, , , , ,
Zip		29 30	¬ ´		Personal Property Tax.	en year na		ı⊒No
24	25 25 27 29. Name and Address of Current Re		<u>'</u>		10. Name and Address of New F	Registered /		
9. Name and Address of Current Registered Agent				Name	10. 110.110		-3	
riley, richard								
6250 82ND AVE N				Street Addre	ss (P.O. Box Number is Not Accepta	able)		
SUITE 200								
PINELLAS PARK FL 33781								
•				City		FL	85 Zip C	
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 D		13.		ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12
TITLE	PST	☐ DELETE	1.1 TITLE	"			Change	☐ Addition
NAME:	RILEY, RICHARD E		1.2 NAME					
STREET ADDRESS	190 112 AVE N #508		1.3 STREET	ADDRESS				
CITY-ST-ZIP	ST PETERSBURG FL 33716			r-ZIP				
TITLE		☐ DELETE	2.1 TITLE				Change	☐ Addition
NAME			2.2 NAME					
STREET ADDRESS	e [*]		2.3 STREET	ADDRESS				
CITY-ST-ZIP		:	2. 4 CMY-S	T-ZIP				
TITLE		☐ DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			33 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CITY-S					
TITLE		☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE				Change	☐ Addition
NAME			52 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition
NAME			6.2 NAME	-				
STREET ADDRESS			6.3 STREET	ADDRESS				ĺ
CITY-ST-ZIP			6.4 CITY-S	T-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:

FILED

May 07, 1999 8:00 am Secretary of State

05-07-1999 90018 032 ***158.50

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

10/18/1996

4. FEI Number

=::::

≡ ::-.

= 72

Applied For