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 # P96000087754

1. Corporation Name

@XESS COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address					
296 107TH AVE. TREASURE ISLAND FL 33706	18099 1ST STREET EAST ST PETERSBURG FL 33708					
2. Principal Place of Business	2a. Mailing Address 2NG 2NG AVE FLOO					

Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90059 025 ***150.00



Principal Place	e of Business	Mailing Address			t idditides the could best bosts bot	iri Britt Friet iti	iit i ne ti inant e	ilki alai isal	
286 107TH AVE.		18099 1ST STREET EAST		İ					
TREASURE ISLAND FL 33706 ST PETERSBURG FL 33708				}	DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed				
ļ					10/23/1996				
2. Principal Pl	lace of Business	2a. Mailing Address	1 2	-ولامـ	4, FEI Number	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Apr	olied For	
21	•	26 286 10774	71	HOGE	59-3404940		Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A		
22	·	27			5. Certificate of Glatos position	·····	Fee Rec	quired	
City & State	e	City & State	• _	اسو	6. Election Campaign Financing		\$5.00 h		
23		28 MERCINE	ISLAND) MA	Trust Fund Contribution		Added to	Fees	
Zip	Country :	7770/	Country .	- 1	8. This corporation owes the curre			□No	
24	25	29 35706 30	USA		Personal Property Tax. 10. Name and Address of New F				
	9. Name and Address of Current	Registered Agent	81 Name		TO, Haine and Address of How I	togiotorou / t	30111		
MCA	RTHUR, JAMES R								
1	18099 FIRST ST E			t Address	s (P.O. Box Number is Not Accepta	able)		Ì	
ST P	ETERSBURG FL 33708		83						
} .	÷						Tagl 75 6	<u> </u>	
			84 City			FL	85 Zip C	ode	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-name	d corpora	ation submits this statement for the	purpose of c	hanging its	registered	
i office or n	egistered agent, or both, in the State of manifer with, and accept the obligations.	of Florida. Such change was autho	orized by the cor	poration's	s board of directors. I hereby accep	ot the appoint	ment as reg	jistered	
1	m tamiliar with, and accept the congar	ons or, dection dor. dood, rionda	Giadico.						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Reg	istered Agent signature	e required wt		DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF				
TITLE	P	☐ DELETE	1.1 TITLE	. کرا	non Vim Wine	THUN	☐ Change	Addition	
NAME	MCARTHUR, JAMES R		1.2 NAME	SAN	IDRA KIM Mar 1074 ave. Uni	1174E			
STREET ADDRESS	18099 FIRST ST E		1.3 STREET ADDRESS				227/	26	
CITY-ST-ZIP	ST PETERSBURG FL 33708		1.4 CITY-ST-ZIP	Trec	asure Island, f	lorida	3370	Addition	
TITL€	V DALII	☐ DELETE	2.1 TITLE	POET	ER DELGIORNO		Change	(Addition	
NAME	ECKSTEIN, PAUL		2.2 NAME	727	33 W. Commercial	Blvd. #	201	,	
STREET ADDRESS	329 BATH CLUB BLVD. SOUTH		2.3 STREET ADDRES	S 22		. 333c	va		
CITY-ST-ZIP	ST PETERSBURG FL 33708	(T) DELETE	2.4 CITY-ST-ZIP	17.	Lauderdale, FL		Change	Addition	
TITLE	e e e e e e e e e e e e	: Gereie	3.1 TITLE	AGI	HONY MORGENTHI	au .			
NAME			3.2 NAME 3.3 STREET ADDRESS	1000	33 W. Commercial	Blvd 1	#201		
STREET ADDRESS		·	1		Lauderdale FI	222	09	(
CITY-ST-ZIP		D.DELETE	3.4. CITY-ST-ZIP	113.	Laure Court	<u> حري .</u>	Change	Addition	
NAME			4,2 NAME				-	_	
STREET ADDRESS			4.3 STREET ADDRESS	s				}	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	-	•				
TITLE		☐ DELETE	5.1 TITLE				Change	Addition	
NAME (- A	. _ _	5.2 NAME						
STREET ADDRESS	· Land of the second		5.3 STREET ADDRESS	s					
CITY-ST-ZIP			5.4 CITY-ST-ZIP						
TITLE		☐ DELETE	6.1 TITLE:				Change	☐ Addition	
NAME			6.2 NAME	1	•				
STREET ADDRESS			6.3 STREET ADDRESS	s					
CITY-ST-ZIP			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 angular 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 arachment with an address, with all other like empowered.

SIGNATURE: