


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

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90059 025 ***150.00



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 286 107TH AVE. TREASURE ISLAND FL 33706		Mailing Address 18099 1ST STREET EAST ST PETERSBURG FL 33708	
2. Principal Place of Business		2a. Mailing Address	
21		26	286 107th Ave Floor 2
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	TREASURE ISLAND FL
Zip	Country	Zip	Country
24		29	33706 USA
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MCARTHUR, JAMES R 18099 FIRST ST E ST PETERSBURG FL 33708		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCARTHUR, JAMES R	1.2 NAME	SANDRA Kim McARTHUR
STREET ADDRESS	18099 FIRST ST E	1.3 STREET ADDRESS	290 107th Ave. Unit #16
CITY-ST-ZIP	ST PETERSBURG FL 33708	1.4 CITY-ST-ZIP	Treasure Island, Florida 33706
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ECKSTEIN, PAUL	2.2 NAME	PETER DELGIORNO
STREET ADDRESS	329 BATH CLUB BLVD. SOUTH	2.3 STREET ADDRESS	3333 W. Commercial Blvd. #201
CITY-ST-ZIP	ST PETERSBURG FL 33708	2.4 CITY-ST-ZIP	Ft. Lauderdale, FL. 33309
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	ANTHONY MORGENTHAU
STREET ADDRESS		3.3 STREET ADDRESS	3333 W. Commercial Blvd #201
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Ft. Lauderdale, FL. 33309
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-99

Date

77 367-0367

Daytime Phone #

*100

CR2E034 (11/98)