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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000090224 (2)

TELECOMMUNICATIONS OF CENTRAL FLORIDA, INC.

Principal Place of Business Mailing Address 217 AMERICAN WAY 217 AMERICAN WAY DAYTONA BEACH FL 32119-1462 DAYTONA BEACH FL 32119-1462 3. Date Incorporated or Qualified 3a. Date of Last Report 10/31/1996 N/A MITAL RETUR 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For APPLIED FOR 21 26 Not Applicable Suite, Apr. #. etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes No Zio Country  $Z\phi$ 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name COSTA, RAUL S 217 AMERICAN WAY 82 Street Address (P.O. Box Number is Not Acceptable) DAYTONA BEACH FL 32119-1462 83 City 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. Stonature, typod or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE THE COSTA, RAUL S 1.2 NAME NAME CR2E034 217 AMERICAN WAY STREET ADDRESS 1.3 STREET ADORESS DAYTONA BEACH FL 32119-1462 City - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TiTLE 1616 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-7IF DELETE Change Addition 3.1 TITLE THEF NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP CHY-SI-DE DELETE Change Addition LIDE 41 TIFLE NAME 4 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY - ST - 2IP 4.4 CITY-ST-ZIP DELETE Addition Change 5.1 TITLE THUE 5.2 NAME NAME STREET ADDRESS **5.9 STREET ADDRESS** 5.4 CITY - ST - ZIP C-17 - ST - ZIP DELETE Change Addition THE 6.1 TITLE

14. I do hereby certify that the information supplied with this filling 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 eath; 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.

6.4 CITY - ST - ZIP

6.2 NAME 6.3 STREET ADDRESS

NAME

STREET ADDRESS

Raul S. Costa President

10/97 904-761-1432

**FILED** 

Feb 24 1997 8:00am

Secretary of State