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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P96000093412 (0)

TWENTY FIRST CENTURY TELECOMMUNICATIONS, INC.

Principal Place of Business

SIGNATURE:

Mailing Address

## **FILED** Feb 09 1998 8:00am Secretary of State



		PARKLAND FL 33067			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
					11/14/1996		
2. Principal Place of Business 2a. M					4. FEI Number	Applied For	
21		26			65-0711496	Not Applicable	
#, etc.	Sui	te, Apt. #, etc.				\$8.75 Additional	
22		7			5. Certificate of Status Desired	Fee Required	
te	Cit	y & State			6. Election Campaign Financing	\$5.00 May Be	
	28				Trust Fund Contribution	Added to Fees	
Country	Zip		Coun	try	8. This corporation owes or has paid the	current year Intangible	
25	29	30			Personal Property Tax due June 30. 🔲 Yes 📝 No		
					10. Name and Address of New Registered Agent		
SALIBI, CAMILLE			{	1 Name			
6811 N. WOODRIDGE DR.			18	2 Street Add	fress (P.O. Box Number is Not Acceptable)		
PARKLAND FL 33067			Ľ			į	
			[8	3			
			-	d City		85 Zip Code	
				City	F	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.							
			E: Registered /	gent signature requ	ilred when reinstating) DAT	2	
	ID DIRECTOR		13.		ADDITIONS/CHANGES TO OFFICERS A		
1		L DELETE	1,1 TITL			L Change L Addition	
			1.2 NAM	E			
6811 N. WOODRIDGE DR.			1.3 STRE	ET ADDRESS			
PARKLAND FL 33067			1.4 CITY	-ST-ZIP			
DS		DELETE	2.1 TITL			Change Addition	
Salibi, Leila			2.2 NAM	ε			
6811 N. WOODRIDGE DR.			2.3 STRE	ET ADDRESS		ļ	
Parkland FL 33067			2. 4 CITY	-ST-ZIP	•		
		☐ DELETE	3.1 1111			Change Addition	
			3.2 NAM	E			
			3.3 STRE	ET ADDRESS			
			3.4. CITY	-ST-ZIP			
<del></del>		- Driege					
		☐ nere: e	7/1 /116	· I		Change Addition	
		☐ nere:e	4. 2 NAN			☐ Change ☐ Addition ☐	
		nere:e	4. 2 NAM			∐ Change ∐ Addition .	
		C Decese	4. 2 NAN 4.3 STRE	ET ADDRESS		Change L Addition	
		☐ DELETE	4. 2 NAM	e et address -st-zip		Change Addition	
			4. 2 NAM 4.3 STRE 4.4 CITY	E Et address -St-Zip			
			4. 2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM	E ET ADDRESS -ST-ZIP			
			4. 2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE	E ET ADDRESSST-ZIP ET ADDRESS			
			4. 2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY	E ET ADDRESSST-ZIP			
		DELETE	4. 2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TITLE	E ET ADDRESSST-ZIP ET ADDRESSST-ZIP		Change Addition	
		DELETE	4. 2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TITLE 6.2 NAM	E ET ADDRESSST-ZIP ET ADDRESSST-ZIP		Change Addition	
	Place of Business #, etc.  Country 25 9. Name and Address of Curre SALIBI, CAMILLE S811 N. WOODRIDGE DR. PARKLAND FL 33067  to the provisions of Sections 607.05 registered agent, or both, in the Statem familiar with, and accept the oblig Signature, typed or printed name of registered agent, or both in the Statem familiar with, and accept the oblig OFFICERS AN DP SALIBI, CAMILLE 6811 N. WOODRIDGE DR. PARKLAND FL 33067 DS SALIBI, LEILA 6811 N. WOODRIDGE DR.	Place of Business  Place of Business  #, etc.  Country  25  9. Name and Address of Current Registere SALIBI, CAMILLE S811 N. WOODRIDGE DR. PARKLAND FL 33067  to the provisions of Sections 607.0502 and 607.1 registered agent, or both, in the State of Florida. Sum familiar with, and accept the obligations of, Se Signature, typed or printed name of registered agent and tille if app OFFICERS AND DIRECTOR  DP SALIBI, CAMILLE 6811 N. WOODRIDGE DR. PARKLAND FL 33067  DS SALIBI, LEILA 6811 N. WOODRIDGE DR.	Place of Business  2a. Mailing Address 26  #, etc.  Suite, Apt. #, etc.  City & State 28  Country 25  29  9. Name and Address of Current Registered Agent  SALIBI, CAMILLE 8811 N. WOODRIDGE DR.  PARKLAND FL 33067  to the provisions of Sections 607.0502 and 607.1508, Florida Statut registered agent, or both, in the State of Florida. Such change was am familiar with, and accept the obligations of, Section 607.0505, Florida Statut registered agent, or both, in the State of Florida. Such change was am familiar with, and accept the obligations of, Section 607.0505, Florida Statut registered agent, or both, in the State of Florida. Such change was am familiar with, and accept the obligations of, Section 607.0505, Florida Statut registered agent and tille if applicable.  OFFICERS AND DIRECTORS  DP  ALIBI, CAMILLE 6811 N. WOODRIDGE DR. PARKLAND FL 33067  DS  DELETE  ALIBI, LEILA 6811 N. WOODRIDGE DR. PARKLAND FL 33067	PARKLAND FL 33067  PARKLAND FL 33067	Place of Business  2a. Mailing Address 26  #, etc.  Suite, Apt. #, etc.  City & State 28  Country 25 29 30  9. Name and Address of Current Registered Agent  SALIBI, CAMILLE  81 Name  82 Street Address  BALIBI, CAMILLE  83 Name  BALIBI, CAMILLE  SALIBI, CAMILLE  SIgnature, typed or printed name of registered agent and tille if applicable.  OFFICERS AND DIRECTORS  DP  SALIBI, CAMILLE  6811 N. WOODRIDGE DR.  PARKLAND FL 33067  DS  SALIBI, CAMILLE  6811 N. WOODRIDGE DR.  PARKLAND FL 33067  DELETE  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP  DS  SALIBI, LEILA 6811 N. WOODRIDGE DR. PARKLAND FL 33067  L OELETE 2.1 TITLE 2.2 NAME 2.2 STREET ADDRESS 2.4 CITY-ST-ZIP  DRAWAE 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP PARKLAND FL 33067  L 4 CITY-ST-ZIP  DRAWAE 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 2.4 CITY-ST-ZIP 2.5 SALIBI, LEILA 6811 N. WOODRIDGE DR. PARKLAND FL 33067  L 4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 2.4 CITY-ST-ZIP 2.5 SALIBI, LEILA 6.5 SALIBI, LEIL	PARKLAND FL 33067  PARKLAND FL 33067	

14. Thereby 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 oath; that I am an officer or director of the corporation or the received 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 or an affactment with a address.

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