

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

FILED  
May 19 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham,  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000103481 (3)

1. Corporation Name  
SBC TELECOM, INC.



Principal Place of Business

810 LAKE MARION DRIVE  
ALTAMONTE SPRINGS FL 32701

Mailing Address

POST OFFICE BOX 151603  
ALTAMONTE SPRINGS FL 32715-1603

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1997

4. FEI Number

59-3416998

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21 6040 WHISPERING LN

Suite, Apt. #, etc.

22 City & State

23 TITUSVILLE, FL

Zip

24 32780

Country

25 BREVARD

2a. Mailing Address

26 P.O. Box 5118

Suite, Apt. #, etc.

27 City & State

28 TITUSVILLE, FL

Zip

29 32783-5118

Country

30 BREVARD

9. Name and Address of Current Registered Agent

AMERLAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

STEVEN KOLLER

82 Street Address (P.O. Box Number is Not Acceptable)

6040 WHISPERING LN.

83

84 City

TITUSVILLE

FL

85 Zip Code

32780

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, 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person filing this statement as registered agent and, if applicable,

(NOT: Registered Agent signature required when reinstating)

5/11/98

12. OFFICERS AND DIRECTORS

TITLE PTD  
NAME KOLLER, KENNETH E  
STREET ADDRESS 810 LAKE MARION DRIVE  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

DELETE

TITLE VSD  
NAME KOLLER, STEVEN L  
STREET ADDRESS 810 LAKE MARION DRIVE  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change

Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change

Addition

PRESIDENT

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change

Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change

Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change

Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change

Addition

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.

SIGNATURE

CR2E034 (10/97)