

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

FILED
Apr 13 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 # **P97000038706 (2)**

1. Corporation Name

PAYPHONE ADVERTISING MEDIA, INC.

Principal Place of Business

Mailing Address

**13161 MCGREGOR BLVD.
SUITE D
FT. MYERS FL 33919**

**13161 MCGREGOR BLVD.
SUITE D
FT. MYERS FL 33919**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1997

4. FEI Number

☒ 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	2a. Mailing Address
21 1620 Medical Ln.	26 P.O. Box 07478
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 148	27
City & State	City & State
23 FT. MYERS FL.	28 FT. MYERS FL.
Zip	Zip
24 33907	29 33919
Country	Country
25 USA	30 USA

2. Principal Place of Business	2a. Mailing Address
21 1620 Medical Ln.	26 P.O. Box 07478
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 148	27
City & State	City & State
23 FT. MYERS FL.	28 FT. MYERS FL.
Zip	Zip
24 33907	29 33919
Country	Country
25 USA	30 USA

9. Name and Address of Current Registered Agent

**O'REILLY, LAWRENCE P
13161 MCGREGOR BLVD.
SUITE D
FT. MYERS FL 33919**

10. Name and Address of New Registered Agent

81 Name	Lawrence P.O. Reilly
82 Street Address (P.O. Box Number Is Not Acceptable)	1620 Medical Ln.
83	Ste. 148
84 City	FT. MYERS
85 Zip Code	FL 33907

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

Lawrence P. O'Reilly
Signature, typed or printed name of registered agent and title if applicable

Lawrence P. O'Reilly V.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-7-98

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	O'REILLY, LAWRENCE P	
STREET ADDRESS	13161 MCGREGOR BLVD., SUITE D	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE		<input type="checkbox"/> DELETE
NAME	Eileen M. O'Reilly	
STREET ADDRESS	1620 Medical Ln. Ste. 148	
CITY-ST-ZIP	FT. MYERS, FL. 33907	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lawrence P. O'Reilly	
1.3 STREET ADDRESS	1620 Medical Ln. Ste. 148	
1.4 CITY-ST-ZIP	FT. MYERS, FL. 33907	
2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Eileen M. O'Reilly	
2.3 STREET ADDRESS	1620 Medical Ln. #148	
2.4 CITY-ST-ZIP	FT. MYERS, FL. 33907	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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:

Lawrence P. O'Reilly

4-7-98 (941) 939-5400

CR2E034 (10/97)