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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000061284

TELECOMMUNICATIONS PLUS, INC.

Principal Place of Business Mailing Address						1 198(458) 110 1011 10211 00111 00111		
2700 W ATLANT	TIC BLVD	2700 W ATLANTIC BLVD						
#209 #209 POMPANO REACH EL 22009 POMPANO REAC			H EI 33069			DO NOT WRITE IN T	HIS SPACE	
POMPANO BEACH FL 33069 US		POMPANO BEACH FL 33069 US				3. Date Incorporated or Qualifed	, , , , , , , , , , , , , , , , , , , ,]
						07/14/1997	, ,	
2. Principal Place of Business 2a. Mailing Addres						4. FEI Number	Ap	plied For
21		26				65-0776626		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A	I
22	·	27						
City & State	е	⊢ ; ′	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
23	Country Zip		Coun	Country		8. This corporation owes the current year		10 7 663
Zip	25	_ _	30	,		Personal Property Tax.	Yes	□No I
24	g. Name and Address of Curre					10. Name and Address of New Register	ed Agent	
·····	3. (100)		1	B1	Name			
NOYES, THEODORE			<u> </u>	82	Street Address	at Address (P.O. Box Number is Not Acceptable)		
2840	NE 18TH AVENUE			-	Olieet Addies	(I ,O. Box (valido) to view described,		
WILTON MANORS FL 33306			ļī	83			į.	
			[84	City		85 Zip (Code
SIGNATURE	Signature, typed or printed name of registered age			gent s	signature required v			NDC IN 12
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	P NOVES THESPORE	☐ DELETE	1.1 TITL				C overige	
NAME	NOTES, TILEODOTIC		1.2 NAN		DORESS			
STREET ADDRESS	-	ua .	1.4 CIT					
CITY-ST-ZIP	POMPANO BEACH FL 33069	☐ DELETE	2.1 TITL		ZIF		☐ Change	Addition
NAME	·			2.2 NAME			•	
STREET ADDRESS					DDRESS			-
CITY-ST-ZIP	2.4		2.4 CIT	Y-ST-	ZIP			•
TITLE	☐ DELETE 3.11		3.1 TITL	E			☐ Change	☐ Addition
NAME			3.2 NAN	Æ				
STREET ADDRESS			3.3 STR	LEET A	DORESS	,		
CITY-ST-ZIP			3.4. CIT		ZIP		, TO 01	□ Addition
TITLE			4.1 TITL				Change	Addition
NAME		• •	4. 2 NA					
STREET ADDRESS					DDRESS			
CITY-ST-ZIP		☐ DELETE	4.4 CIT		ZIP		☐ Change	Addition
TITLE		☐ DELETE	5.1 TITL 5.2 NAM				snange	
NAME					NDDRESS	••		
STREET ADDRESS			5.4 CIT					}
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITE				Change	Addition
,,,,,,,,			6.2 NA	ΔF				ļ

6.4 CITY-ST-ZIP 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 so an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

FILED

Jan 21, 1999 8:00am

Secretary of State

01-21-1999 90004 044 ***150.00