

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
AND
FILED

98 NOV -6 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amended
PROFIT CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # P97000070875
1. Corporation Name
Island Coast Payphone, Inc.

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
8/13/97

2. Principal Place of Business	2a. Mailing Address
21 1620 Medical Ln.	25 P.O. Box 07478
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 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

4. FEI Number	Applied For
65-0775636	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

Scott B. Davidson
11580 Chitwood Dr. Ste. 105
Ft. Myers, Fl. 33908

10. Name and Address of New Registered Agent

81 Name	Joseph Sorgi
82 Street Address (P.O. Box Number is Not Acceptable)	15250 S. US 41
83	Ste. 15
84 City	Ft. Myers
85 Zip Code	FL 33908

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 607.0503, Florida Statutes.

SIGNATURE Joseph Sorgi DATE 11-4-98
Signature, typed or printed name of registered agent, title if applicable (New Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	President <input checked="" type="checkbox"/> DELETE
NAME	Scott B. Davidson
STREET ADDRESS	11580 Chitwood Dr. Ste. 105
CITY-ST-ZIP	Ft. Myers, Fl. 33908
TITLE	VP/ISIT <input checked="" type="checkbox"/> DELETE
NAME	Tym Davidson
STREET ADDRESS	11580 Chitwood Dr. Ste. 105
CITY-ST-ZIP	Ft. Myers, Fl. 33908
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	
11 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Joseph Sorgi
13 STREET ADDRESS	15250 S. US 41, Ste. 15
14 CITY-ST-ZIP	Ft. Myers, Fl. 33908
21 TITLE	VP/ISIT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Lawrence P. O'Reilly
23 STREET ADDRESS	1620 Medical Ln. Ste. 148
24 CITY-ST-ZIP	Ft. Myers, Fl. 33907
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	300002687593-8
33 STREET ADDRESS	-11/13/98--01098--014
34 CITY-ST-ZIP	*****61.25 *****61.25
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: Joseph Sorgi DATE 11-4-98 941-939-5400

CR2E034 (5/98)