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 # P97000081496

1. Corporation Name

L & S TELECOM, INC.

Principal Place	Y DR	Mailing Address P.O. BOX 410669						
MELBOURNE FL 32940 MELBOURNE FL 32941				DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed 09/18/1997	THIS OF ACE		
a Principal Pl	ace of Business	2a, Mailing Address			4. FEI Number	Apr	plied For	
					[~] 59-3471116	1 	Applicable	
26 Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certifcate of Status Des		\$8.75 A Fee Re		
City & State City & State					6. Election Campaign Financing	\$5.00	May Be	
23 28					Trust Fund Contribution Added to Fees			
Zip	Country Zip 25 29 30		Country		This corporation owes the current year Personal Property Tax.	· 6. 6. 1		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
				Name				
CASTRO, LUCIANO G 7951 DAVENTRY DR MELBOURNE FL 32941			82	Street Addre	ddress (P.O. Box Number is Not Acceptable)			
					radiess (F.O. Box Hamost is Not Acceptable)			
			83	83				
			84	City		85 Zip C	ode	
^ ^				FL 1 1				
11, Pursuant office or reagent. I as		22 and 607 1508, Florida Statutes, of Florida. Such change was authorized by Section 607,0505, Florida	tne above orized by Statutes	e-named corporation.	oration submits this statement for the purpos on's board of directors. I hereby accept the	ppointment as reg	gistered	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NOTE: Reg	gistered Agen	t signature required	d when reinstating) DA7			
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER			
TITLE	P	☐ DELETE	1.1 TITLE		•	☐ Change	Addition !	
NAME	CASTRO, LUCIANO		1.2 NAME					
STREET ADDRESS	AND BOARDAR EL GOGAL		1.3 STREET					
CITY-ST-ZIP			1.4 CITY-S	T-ZIP	···	Change	Addition	
TITLE		☐ DELETE	2.1 TITLE			change	[
NAME			2.2 NAME			•		
STREET ADDRESS			2.3 STREET	- 1		* .		
CITY-ST-ZIP		□ DELETE	2.4 CITY+S 3.1 TITLE	1-ZIP		☐ Change	Addition	
TITLE			3.2 NAME	i	-	_ •	_	
NAME STREET ADDRESS			3.3 STREET	ADDRESS			ļ	
CITY-ST-ZIP			3.4. CITY-S					
TITLE		☐ DELETE	4.1 TITLE			Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	T-Z I P				
TITLE		☐ DELETE	5.1 TITLE		•	☐ Change	☐ Addition	
NAME			5.2 NAME					
CTDEET ADDRESS			5.3 STREET	ADDRESS			1	

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 section of the section of the corporation or the section of the section of

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

FILED

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90253 026 ***150.00

Addition

Change