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Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90044 003 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000086533**

1. Corporation Name

**DIALPLUS COMMUNICATIONS, INC.**



Principal Place of Business <b>2100 SE 17TH STREET SUITE 802 OCALA FL 34471-4182</b>	Mailing Address <b>2100 SE 17TH STREET SUITE 802 OCALA FL 34471-4182</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/07/1997</b>	
4. FEI Number <b>59-3475209</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21 4505 SE 15th St.</b>	2a. Mailing Address <b>26 P. O. Box 3895</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23 Ocala, Florida</b>	City & State <b>28 Ocala, Florida</b>
Zip <b>24 34471</b>	Country <b>25 USA</b>
Zip <b>29 34478-3895</b>	Country <b>30 USA</b>

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DOSH, SIDNEY JR  
2100 SE 17TH STREET  
SUITE 802  
OCALA FL 34471-4182**

81 Name <b>Sidney Dosh Jr.</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>252 N.E. 2nd Court</b>	
83	
84 City <b>Crystal River</b>	85 Zip Code <b>FL 34429</b>

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 **Sidney Dosh, Jr.** (NOTE: Registered Agent signature required when reinstating) **1-8-99** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DOSH, SIDNEY</b>		1.2 NAME <b>DOSH, JR., SIDNEY</b>	
STREET ADDRESS <b>2100 SE 17TH ST, STE 802</b>		1.3 STREET ADDRESS <b>252 N.E. 2nd Court</b>	
CITY-ST-ZIP <b>OCALA FL 34471-4182</b>		1.4 CITY-ST-ZIP <b>Crystal River, FLorida 34429</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DOSH, LOUIS R</b>		2.2 NAME <b>DOSH, LOUIS R.</b>	
STREET ADDRESS <b>2100 SE 17TH ST, STE 802</b>		2.3 STREET ADDRESS <b>4505 SE 15th St.</b>	
CITY-ST-ZIP <b>OCALA FL 34471-4182</b>		2.4 CITY-ST-ZIP <b>Ocala, Florida 34471</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: **REQUIRED** 1-9-99 352-867-8771  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #