**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999

## DOCUMENT # P97000093362

1. Corporation Name

	NTS TELECOMMUNICATI	·									
Principal Place		Mailing A		/EDC							
29 AVENUE OF THE FLOWERS LONGBOAT KEY FL 34228			29 AVENUE OF THE FLOWERS LONGBOAT KEY FL 34228								
LONODOM NL	, (C A.m.)						DO NOT		N THIS	SPACE	
							<ol> <li>Date incorporated or Qua 10/30/1997</li> </ol>	lifed			}
2 Dringing D	lace of Business	2a Maili	ng Address				4. FEI Number			-αA	plied For
Z. Principal P	lace of business	26	ing Address				NOT APPLICABLE			_ <del> `</del>	t Applicable
Suite, Apt.	#, etc.		e, Apt. #, etc.				5. Certificate of Status Desire	ed 🗆	1	\$8.75 A	
City & Stat			& State	<del></del>		<del></del>	6. Election Campaign Finan	cina _		\$5.00	May Re
23		28					Trust Fund Contribution	,,,,,		Added to	
Zip 24	Country	Zip		Cou	ntry		This corporation owes the Personal Property Tax.	current	year Inta		□No
47	9. Name and Address of Cur		Agent	11			10. Name and Address of N	ew Regi	stered /	lgent	
		<u> </u>			81	Name					
	WELL-& HARRIS, P.A.				82	Street Add	dress (P.O. Box Number is Not Ac	ceptable	)		
	5 N PALM AVE							•			
SAH	ASOTA FL 34236				83						
	. *				84	0.1	1. 11. <u>01. 10. 10. 1</u>		FL	85 Zip C	Code
	,					City		n tha sirin		hanging ite	registered
11. Pursuant office or r agent. I a	to the provisions of Sections 607. registered agent, or both, in the Starm familiar with, and accept the eb	LEW T			bove by t ites.	-named cor the corporat		9		changing its itment as rej	registered gistered
SIGNATURE	Signature, typed or printed name of registered	agent and title if applica	able. (NOTE		bove by t ites.	-named cor the corporat	rporation submits this statement fortion's board of directors. I hereby in the statement for the state	9	pose of ce appoint	77	
	Signature, typed or printed name of registered	LEW T	able. (NOTE	: Registered	bove by t utes.	-named cor the corporat	ired when reinstating)	9	pose of ce appoint	77	
SIGNATURE	Signature, typed or printed name of registered OFFICERS	agent and title if applica	able. (NOTE	Registered	bove by t ites.	-named cor the corporat	ired when reinstating)	9	pose of ce appoint	D DIRECTO	PRS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered OFFICERS D BOUDROT, DEBRA A	agent and title if applica AND DIRECTOR	able. (NOTE	13. 1.1 TII	Agent	-named cor the corporat	ired when reinstating)	9	pose of ce appoint	D DIRECTO	PRS IN 12
SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registered OFFICERS D BOUDROT, DEBRA A	agent and title if applica AND DIRECTOR	able. (NOTE	13. 1.1 TII 1.2 NA 1.3 ST	Agent	r-named cor the corporal signature requi	ired when reinstating)	9	pose of ce appoint	D DIRECTO	RS IN 12
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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 on on a attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Date

Daytime Phone #

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90049 026 \*\*\*150.00