


AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90031 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000021141 1. Corporation Name UNITED TELECOM GROUP, INC.					
Principal Place of Business 2946 N.W. 60TH STREET FT LAUDERDALE FL 33309			Mailing Address 2946 N.W. 60TH STREET FT LAUDERDALE FL 33309		
DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified 03/05/1998					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country				2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
4. FEI Number 65-0816574				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent CARRAFA, MICHAEL H 5012 N.W. 59TH WAY CORAL SPRINGS FL 33067			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PRESIDENT 1.2 NAME MICHAEL H. CARRAFA 1.3 STREET ADDRESS 5012 N.W. 59TH WAY 1.4 CITY-STATE-ZIP CORAL SPRINGS, FL 33067 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 607.0502, 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: SIGNATURE OF MICHAEL H. CARRAFA 8/4/99 954 979 7009 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (5/99)