

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).

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90013 004 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #

1. Corporation Name

798000047536V
Two Connect Communications, Inc.
d/b/a A+H Beeper #6

Principal Place of Business

Mailing Address

1447 NW 129th Terr
Sunrise, FL 33323

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

5/28/98

2. Principal Place of Business

21 766 Riverside Dr

Suite, Apt. #, etc.

22 City & State

23 Coral Springs FL

24 Zip 33071

25 Country USA

2a. Mailing Address

26 766 Riverside Dr

Suite, Apt. #, etc.

27 City & State

28 Coral Springs FL

29 Zip 33071

30 Country USA

4. FEI Number

65-083950L

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AmeriLawyer
343 Almeria Ave
Coral Gables, FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 766 Riverside Dr.

84 City Coral Springs

85 FL

86 Zip Code 33071

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

Ronald Quoma

Ronald Quoma Secretary 4/28/99

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME Helene Quoma
STREET ADDRESS 1447 NW 129th Terr.
CITY-ST-ZIP Sunrise, FL 33323

TITLE Y
NAME Steven Quoma
STREET ADDRESS Same as Above
CITY-ST-ZIP

TITLE S
NAME Ronald Quoma
STREET ADDRESS Same as Above
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD
12 NAME Helene Quoma
13 STREET ADDRESS 766 Riverside Dr
14 CITY-ST-ZIP Coral Springs FL 33071

21 TITLE VP
22 NAME Suzanne Lai
23 STREET ADDRESS 766 Riverside Dr.
24 CITY-ST-ZIP Coral Springs FL 33071

31 TITLE VP
32 NAME Ali Hasan
33 STREET ADDRESS 766 Riverside Dr.
34 CITY-ST-ZIP Coral Springs FL 33071

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
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, changed, or on an attachment with an address

SIGNATURE

Ronald Quoma

Ronald Quoma Secretary 4/29/99

(Signature typed or printed name of signing officer or director)

DATE

954 753-4496

CR2E034 (5/98)