

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 # P98000050751

1. Corporation Name

CALL CARD PLUS, INC.

Principal Place of Business

16807 U.S. HIGHWAY 19 NORTH
SUITE B
CLEARWATER FL 33764

Mailing Address

16807 U.S. HIGHWAY 19 NORTH
SUITE B
CLEARWATER FL 33764

2. Principal Place of Business

21 95 TRADE STREET

2a. Mailing Address

26 95 TRADE STREET

Suite, Apt. #, etc.

22 SUITE 103

Suite, Apt. #, etc.

27 SUITE 103

City & State

23 AURORA IL

City & State

28 AURORA IL

Zip

24 60504 25 USA

Zip

29 60504 30 USA

9. Name and Address of Current Registered Agent

GIORGIONE, DAVID
16807 U.S. HIGHWAY 19 NORTH
SUITE B
CLEARWATER FL 33764

3. Date Incorporated or Qualified

06/04/1998

4. FEI Number

65-0859529

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

CHRIS MURRAY

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

19900 HIGHLAND LAKES BLVD.

83

84 City

N. MIAMI BEACH

FL

85 Zip Code

33179

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Chris Murray

Jan 14/99

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.2 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.3 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.4 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.5 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.6 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PRESIDENT (P)

☐ Change

☒ Addition

1.2 NAME

ROBERT LEE

1.3 STREET ADDRESS

95 TRADE ST SUITE 103

1.4 CITY-ST-ZIP

AURORA IL 60504

2.1 TITLE

SECRETARY / TREASURER (S/T)

☐ Change

☒ Addition

2.2 NAME

JIM HUDSON

2.3 STREET ADDRESS

95 TRADE ST #103

2.4 CITY-ST-ZIP

AURORA IL 60504

3.1 TITLE

CHAIRMAN (C)

☐ Change

☒ Addition

3.2 NAME

DARYL HONOWITZ

3.3 STREET ADDRESS

95 TRADE ST SUITE 103

3.4 CITY-ST-ZIP

AURORA IL 60504

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99 630-585-7480
Date Daytime Phone #

CR2E034 (11/98)

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90178 027 ***150.00



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