**FILED** 

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90167 045 \*\*\*150.00

## 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 # P98000055238

1. Corporation Name

EASY COMMUNICATIONS SERVICES OF AMERICA, INC.

| Principal Place of Business Mailing Address   |                       |  |                     |                          |                       |   |                      | 4 195 (199) (19 19 (8) 1911 ( 94 (1)  |
|---|-----------------------|--|---------------------|--------------------------|-----------------------|---|----------------------|--|
| 1205 SW 4TH AVE 1205 SW 4TH AVE   |                       |  |                     |                          |                       |   |                      |  |
| DELRAY BEACH FL 33444 DELR  |                       |  |                     | LRAY BEACH FL 33444      |                       |   |                      | DO NOT WRITE IN THIS SPACE   |
|   |                       |  |                     |                          |                       |   |                      | 3. Date Incorporated or Qualifed   |
|   |                       |  |                     |                          |                       |   |                      | 06/19/1998   |
| 2. Principal Place of Business 2a. Mailing Address  |                       |  |                     |                          |                       | <del></del>   |                      | 4. FEI Number Applied For  |
| <u> </u>  |                       |  | 26                  | <del>-</del> ¬           |                       |   |                      | 65-085-845 Not Applicable  |
| Suite, Apt. #, etc.   |                       |  | Suite, Apt. #, etc. |                          |                       |   |                      | \$8.75 Additional  |
| 22  |                       |  | 27                  |                          |                       |   |                      | 5. Certificate of Status Desired Fee Required  |
| City & State  |                       |  | City & State        |                          |                       |   | <del></del>          | 6. Election Campaign Financing \$5.00 May Be   |
| 23  |                       |  | 28                  |                          |                       |   | •                    | Trust Fund Contribution Added to Fees  |
| Zip Country   |                       |  | Zip Country         |                          |                       | try   |                      | 8. This corporation owes the current year Intaggible   |
| 24  | 2!                    | 5  | 29                  |                          | 30                    |   |                      | Personal Property Tax.   |
| 9. Name and Address of Current Registered Agent   |                       |  |                     |                          |                       | 10. Name and Address of New Registered Agent          |                      |  |
|   |                       |  |                     |                          | 1                     | 31  | Name                 |  |
| BENTER, JAY   |                       |  |                     |                          | 1                     | 82 Street Address (P.O. Box Number is Not Acceptable) |                      |  |
| 1205 SW 4TH AVE   |                       |  |                     |                          |                       | _   |                      |  |
| DELRAY BEACH FL 33444   |                       |  |                     |                          | •                     | B3  |                      |  |
| ,   |                       |  |                     |                          | ļ,                    | 34  | City                 | 85 Zip Code  |
|   |                       |  |                     |                          | İ                     | '   |                      | <b>FL</b>     _  |
| - 4E  |                       | ns of Sections 607.0502<br>it, or both, in the State of<br>, and accept the obligation | E I AZIONA          | Such change was a        | uthenzen :            | N 13 1  | Me comonais          | oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered   |
| SIGNATURE   |                       |  |                     |                          |                       |   |                      |  |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature require |                       |  |                     |                          |                       |   | t signature required | d when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |
| 12.   | 10 6                  | OFFICERS AND DIRECTORS  DELETE   |                     |                          | 13.                   | Change  |                      |  |
| TITLE   | 12                    | - V ~  |                     | 1                        | 1.1 TITLE<br>1.2 NAME |   |                      |  |
|   | NAME OF SENTER        |  |                     |                          |                       |   |                      |  |
| STREET ADDRESS  | ET ADDRESS (203 S C)  |  | 3 35000             |                          |                       |   | ADDRESS              |  |
| CITY-ST-ZIP   | -DECIUS               | 1) DEHOH, I  | <u></u>             | DEFELE DEFE              | 1,4 CITY              |   | r-ZIP                | Change Addition  |
| πιΕ   |                       | •  |                     | □ nere i e               | 2.1 7171              |   | 1                    |  |
| NAME  | 1                     |  |                     |                          | 2.2 NAN               |   |                      |  |
| STREET ADDRESS  | A STATE OF THE PARTY. | ·  | ~                   | - يا سامه میشود کا بود د | 1                     |   | ADDRESS              | and the second of the second o |
| CITY-ST-ZIP   |                       |  |                     | □ DELETE                 | 2:4 CIT<br>3.1 TITL   | _   | T-ZIP                | ☐ Change ☐ Addition  |
| TITLE   |                       |  |                     | - Drices                 |                       |   | ļ                    | <u> </u>   |
| NAME  |                       | •  |                     |                          | 3.2 NAM               |   |                      |  |
| STREET ADDRESS  | i                     |  |                     |                          | L.                    |   | ADORESS              |  |
| CITY-ST-ZIP   | <del>  -</del>        | •  |                     | ☐ DELETE                 | 3.4. CIT              |   | IT-ZIP               | ☐ Change ☐ Addition  |
| TITLE   |                       |  |                     | ↑7 DEFE IE               | 4,1 TTL               |   |                      |  |
| NAME  |                       |  |                     | -                        | 4. 2 NA               |   |                      |  |
| STREET ADDRESS  | 1                     |  |                     |                          |                       |   | ADDRESS              |  |
| CITY-ST-ZIP   |                       | <u> </u>   |                     | □ estere                 | 4.4 CIT               |   | T-ZIP                | ☐ Change ☐ Addition  |
| TΠLE  |                       |  |                     | DELETE                   | 5.1 TITU              | Ė   | - 1                  | □ cualide □ vadinou  |

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 of the receiver or true 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 attactment of the an address, with all other like empowered.

52 NAME

6.1 TITLE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

Addition

☐ Change