## 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 # 1. Corporation Name

P98000060631

ELITE PAYPHONES, INC.

Principal Place of Business

Mailing Address

P.O. BOX 550936

May 21, 1999 8:00 am Secretary of State

05-21-1999 90005 048 \*\*\*150.00

PLANTATION, FL 3332	FT. LAUSE	ROA	355	DO NOT WRITE IN TH	IIS SPACE	≣
•		33	<b>9</b> 55	3. Date Incorporated or Qualifed		
				7/09/1948		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21	26			<i>05-0848832</i>		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additiona		
22   City & State   23	27   City & State   28			6. Election Campaign Financing Trust Fund Contribution	\$5	.00 May Be
Zip · Country		ountry		This corporation owes the current year     Personal Property Tax.	Intangible	X./
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
ERIC HIMSCHOOT			Name			
430 N COMMODORE DR. #103			Street Address (P.O. Box Number is Not Acceptable)			
PLANTATION, FL 33325		83				
		84	City	F	L 85	Zip Code
11. Pursuant to the provisions of Sections 607.05	32 and 607.1508, Florida Statutes, the	above	named corpor	ration submits this statement for the purpose	of changir	ng its registered

office or registered agent, or both, in the State of Florida. Such change was authorized by the agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Addition ☐ DELETE 1.1 TITLE PRESIDENT ☐ Change TITLE ERIC HIMSCHOOT 12 NAME NAME DR. 4103 430 N COMMODORE 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP PLANTATION, FL 333 CITY-ST-ZIP Addition DELETE 2.1 TITLE Change TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE TITLE 31 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE ☐ Change DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-7IP

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:

CR2E034 (11/98)