

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S01779** (5)

1. Corporation Name

M & S PAYPHONE SERVICE, INC.



Principal Place of Business

**8763 NW 75 CT
TAMARAC FL 33321
US**

Mailing Address

**8763 NW 75 CT
TAMARAC FL 33321
US**

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. 25.

29. 30.

9. Name and Address of Current Registered Agent

**WINKEL, MORTON
8763 NW 75 CT
TAMARAC FL 33321**

3. Date Incorporated or Qualified

09/21/1990

3a. Date of Last Report

04/13/1995

4. FEI Number

65-0220608

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 has liability for intangible tax under s. 193.032
Florida Statutes ☐ Yes ☐ No

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Secretary or Treasurer

Signature of President

12. OFFICERS AND DIRECTORS

1. NAME

2. STREET ADDRESS

3. CITY-STATE-ZIP

4. TITLE

5. NAME

6. STREET ADDRESS

7. CITY-STATE-ZIP

8. TITLE

9. NAME

10. STREET ADDRESS

11. CITY-STATE-ZIP

12. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

15. NAME

16. STREET ADDRESS

17. CITY-STATE-ZIP

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. NAME

22. STREET ADDRESS

23. CITY-STATE-ZIP

24. NAME

25. STREET ADDRESS

26. CITY-STATE-ZIP

27. NAME

28. STREET ADDRESS

29. CITY-STATE-ZIP

30. NAME

31. STREET ADDRESS

32. CITY-STATE-ZIP

33. NAME

34. STREET ADDRESS

35. CITY-STATE-ZIP

36. NAME

37. STREET ADDRESS

38. CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY-STATE-ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY-STATE-ZIP

37. TITLE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), 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:

Sandra B. Morton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/96 (305) 726-7821
Date Date of Filing

CR2E034 (12/95)