**FILED** 

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90022 022 \*\*\*150.00



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **S01779**

1. Corporation Name

M & S PAYPHONE SERVICE, INC.

Principal Place	e of Business	Mailing Address					4 IMBYIMIN 119 #BIMY 11MIZ 10MZ1 10M			51611 E1511 10E1	
8763 NW 75 CT 8763 NW 75 CT TAMARAC FL 33321 US US							DO NOT WRITE IN THIS SPACE				
••							3. Date Incorporated or Qualifed			}	
							09/21/1990		<del></del>		
Principal Place of Business     2a. Mailing Address							4. FEI Number	Applied For			
21		26					65-0220608	<del>-</del>	<del></del>	ot Applicable	
Suite, Apt. #, etc.  Suite, Apt. #, etc.  27							5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State City & State 28			ate				Election Campaign Financing     Trust Fund Contribution		•	May Be to Fees	
Zip	Country	Zip	Соц	ntry			8. This corporation owes the curr	ent year Int	angible	_	
24	25	29	30				Personal Property Tax.		Xes	□No	
	9. Name and Address of Curre	nt Registered Agent					10. Name and Address of New F	egistered.	Agent	<del>i</del>	
14/1611	VEL CLUBLEY			81	Name					1	
WINKEL, SHIRLEY 8763 N.W. 75 CT TAMARAC FL 33321				82	Street A	ddres	dress (P.O. Box Number is Not Acceptable)				
				83							
				84	City		<del>,</del>	FI	85 Zip (	Code	
office or r agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was a	utnorized	I DV	tne corbo	orpor ration	ration submits this statement for the 's board of directors. I hereby accep	purpose of at the appoin	changing its ntment as re	registered egistered	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE	: Registered	Agen	t signature re	quired v	when reinstating)	DATE	*		
12.	OFFICERS A	ND DIRECTORS	13.				ADDITIONS/CHANGES TO OF	FICERS AN			
TITLE	VP	☐ DELETE	1.1 TC	ΠE		54	ECRETARY		☐ Change	Addition	
NAME	ROSENBERG, PATRICIA		1.2 N	ME			·			. [	
STREET ADDRESS 1077 E BROADWAY WOODMERE				1.3 STREET ADDRESS		•				{	
CITY-ST-ZIP	LONG ISLAND NY		1.4 CI	TY-\$1	T-21P	-e-	a *				
TITLE	S	☐ DÉLÉTE	2.1 TI	ΠE			RESIDENT		☐ Change	Addition	
NAME	WINKEL, SHIRLEY		2.2 N	ME			·				
STREET ADDRESS			2.3 S1	REET	ADDRESS						
CITY-ST-ZIP	TAMARAC FL		2.4 C	ITY-S	T-ZIP		<u> </u>				
TITLE		☐ DELETE	3.1 TI	TLE					☐ Change	☐ Addition	
NAME			3.2 N	ME							
STREET ADDRESS			3.3 S1	REET	ADDRESS						
CITY-ST-ZIP			3.4. C		T-ZIP				☐ Change	Addition	
TITLE		☐ DELETE	4.1 TI						☐ Change	Addition	
NAME	d d		4. 2 N								
STREET ADDRESS	1				ADDRESS					ļ	
CITY-ST-ZIP		☐ DELETE	4.4 CI		T- ZIP				☐ Change	Addition	
TITLE		☐ OÈTE1E	5.1 TI 5.2 N		ł		•		™ ∧uoude		
NAME					ADORESS					}	
STREET ADDRESS					1						
CITY-ST-ZIP		☐ DELETE	6.1 TI	TY-ST	1-21				Change	Addition	
TITLE	1	☐ DELETE	6.2 N		į		•				
NAME					ADORESS					1	

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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date