ANNUAL	OFIT DRATION REPORT		FLORIDA DEPARI Sandra B Secretary DIVISION OF CO	Morti : of St		
OCUME Corporation Nati	ENT #	V08392	(5)			
		LEPHONE, INC.			1 16 10 6 10 10 16 16 16 16 16 16 16 16 16 16 16 16 16	
ncipal Place of E	Business		Mailing Address			II) II II
825 S.W. 22 AV UITE 102 ELRAY BEACH			1561 S. CONGRESS AVE SUITE 211 DELRAY BEACH FL 3344		3. Date incorporated or Qualifie	d 3a. Date of Last Report
S			US		01/22/1992 4. FEI Number	04/24/1995 Applied For
Principal Place	of Business		2a. Mailing Address	•	65-0312556	Not Applicable
Suite, Apt #, €	eto.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
			City & State		6. Election Campaign Financing	\$5.00 May Be
City & State			28		Trust Fund Contribution	Added to Fees for intangible tax under s 199.032,
Zip		Country	<i>Ζ</i> φ 29	Go stry 30	Florida Statutes	Yes [] No
	9. Name and	Address of Current			10. Name and Address of Ne	w Registered Agent
					Address (P.O. Box Number is Not Acce	atable)
BASQUILL	, MICHAEL			82 Street	Address (P.O. Box Hamber of Not asset	
2925 SW 22ND AVE. STE. 102				83		85 Zıp Code
DELRAY BEACH FL 33445				84 City		FL 85 Zip Code
1. Pursuant to	the provisions	of Sections 607.0502	and 607,1508. Florida Statute a. Such change was authorize on 607,0505, Florida Statutes	es, the above named o	orporation submits this statement for the board of directors. Thereby accept the	e purpose of changing its registered offic appointment as registered agent. I am
Pursuant to or registered familiar with siGNATURE Signature International contents of the conten	the provisions diagent, or both agent, or both and accept the segment is typed or produced by the basquille.	of Sections 607,0502 n, in the State of Flond ne obligations of, Section OFFICERS AND	and the Especiation (NE	es, the above named cod by the corporation's segment April span in 13. 1 : 1.TLE 1 2 NAME	ADDITIONS/CHANGES TO	e purpose of changing its registered office appointment as registered agent. I am CATE OFFICERS AND DIRECTORS IN 12 Change Add tion
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