

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V61878** (7)  
1. Corporation Name  
**ASSOCIATED TELEPHONE CONSULTANTS, INC.**

Principal Place of Business <b>10117 W. OAKLAND PARK BLVD. SUITE 360 SUNRISE FL 33351</b>	Mailing Address <b>10117 W. OAKLAND PARK BLVD. SUITE 360 SUNRISE FL 33351</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/04/1992</b>	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number <b>65-0354470</b>	Applied For Not Applicable
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>GARCIA, HENRY 99 N.W. 183RD STREET SUITE 122 MIAMI FL 33169</b>		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of person changing or accepting appointment (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
<input type="checkbox"/> DELETE	<b>P GARCIA, HENRY</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<b>99 N.W. 183RD ST., #122</b>	13 STREET ADDRESS	
	<b>MIAMI FL 33169</b>	14 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		21 TITLE	22 NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		23 STREET ADDRESS	
		24 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		31 TITLE	32 NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		33 STREET ADDRESS	
		34 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		41 TITLE	42 NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		43 STREET ADDRESS	
		44 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		51 TITLE	52 NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		53 STREET ADDRESS	
		54 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		61 TITLE	62 NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		63 STREET ADDRESS	
		64 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 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:

*Henry Garcia*

4/15/98 854442-1002

CR2E034 (10/97)