

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

FILED
Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V69174 (3)
1. Corporation Name
NATIONAL PAYPHONE, INC.

Principal Place of Business
3541 STATE RD. 84
FT. LAUDERDALE FL 33312

Mailing Address
3541 STATE RD. 84
FT. LAUDERDALE FL 33312-4811



2. Principal Place of Business 21 P.O. Box 21630 Suite, Apt. #, etc. 22 City & State 23 Fort Lauderdale, FL 24 Zip 33335 25 Country		2a. Mailing Address 26 P.O. Box 21630 Suite, Apt. #, etc. 27 City & State 28 Fort Lauderdale, FL 29 Zip 33335 30 Country		3. Date Incorporated or Qualified 10/02/1992	3a. Date of Last Report 03/29/1996
				4. FEI Number 65-0365289	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. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent McCLELLAN, WILLIAM T. 3541 STATE RD. 84 FT. LAUDERDALE FL 33312		10. Name and Address of New Registered Agent 81 Name Mary McVey 82 Street Address (P.O. Box Number is Not Acceptable) 3541 State Rd 84 83 84 City Ft. Lauderdale FL 85 Zip Code 33312	
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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: *Mary McVey* MARY McVey Pres. 3/11/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCVEY, MARY 3541 STATE RD. 84 FT. LAUDERDALE FL ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition P.O. Box 21630 Fort Lauderdale, FL 33335 N/A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do 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 any attachment with an address.

SIGNATURE:

Mary McVey Pres. 2/14/97 954-792-7000

CR2E034 (9/96)