03161999-90045-019-\$150.00-\$150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 16, 1999 8:00 am Secretary of State 03-16-1999 90045 019 ***150.00

DOCUMENT # V69174

NATIONA	N PAYPHONE, INC.				
Principal Place PO BOX 21630 FT LAUDERDALE		Mailing Address PO BOX 21630 FT LAUDERDALE FL 33335	. <u>.</u>		
US	E LE 2000	US		DO NOT WRITE IN THIS SPACE	_
				3. Date Incorporated or Qualifed	
1				10/02/1992	}
2. Principal Pla	ace of Business	2a. Mailing Address	1460	4. FEI Number Applied For	\dashv
21 2571 (Del Lago Drive	26 P. O. Box 460	1460	65-0365289 Not Applicabl	Ή
Suite, Apt 1	#, etc	Suite, Apt. #, etc		5. Certificate of Status Desired	_
= - City & State	9	City & State		6. Election Campaign, Financing \$5.00 May Be	_
23 _Fort_	Lauderdale, FL	Fort Lauderda	le, FL	Trust Fund Contribution Added to Fees	
Zip	Country	Zıp	Country	8. This corporation owes the current year intangible	-
33316	25	29 33346 30	<u></u> _	Personal Property Tax Yes No	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered Agent	
MCVI	EY, MARY		81 Name	William T. McClellan	_
	STATE ROAD 84		82 Street	Address (P.O. Box Number is Not Acceptable) 25/1 Del Lago Drive	- {
	AUDERDALE FL 33312		83		
		<i>(</i>)	84 City	Fort Lauderdale FL as Zip Code 33316	
11 Pursuant	to the provisions of Sections 607.05	02 and 607 1508, Florida Statutes.	the above-named	the state of shanging its registered	
office or re	egistered agent, or both, in the State	of Plorida. Such change was auth	orized by the corpo	corporation submits this statement for the purpose of changing its registered viration's board of directors. I hereby accept the appointment as registered	ļ
	m Jacobnar Will, and accept the doing			<i>36/99</i>	[
SIGNATURE	Signature, typed or printed name of registered as	ent and title if applicable (ND1E Re	wistered Agent signature r	nguired when ininstalling) /DATE	ᅴᇎ
12.		D DIRECTORS	13.	ADDITIONS/CHANGES 10 OFFICERS AND DIRECTORS IN 12 President/Director	늬半
TITLE	P	X) DELETE	1 i TITLE	President/Director XI Change XI Addition	
	•	M Bereve			" =
NAME	MCVEY, MARY	KI Berrie	12 NAME	William T. McClellan	34 G
NAME STREET ADDRESS	MCVEY, MARY PO BOX 21630 N/A	KU BELETE	12 NAME 13 STREET ADDRESS	William T. McClellan 2571 Del Lago Drive	2E034 (1
	MCVEY, MARY		13 STREET ADDRESS	William T. McClellan 2571 Del Lago Drive Fort Lauderdale, FL 33316	R2E034 (
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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.

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954-742-7000

W.T. Maclellan