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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P94000031582

B & D TELECOM CORP.

Principal Place of Business Mailing Address					, , , , , , , , , , , , , , , , , , , ,
1000 WEST MCNAB ROAD STE. 166 POMPANO BEACH FL 33069  1000 WEST MCNAB POMPANO BEACH F			TE. 166		DO NOT WRITE IN THIS SPACE
			_	_	3. Date Incorporated or Qualifed 04/26/1994
2. Principal Pl	ace of Business	2a. Mailing Address 26			4. FEI Number Applied For 65-0485088 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired   \$8.75 Additional Fee Required
City & Stat	e	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	Country	Zip 30	Country	<del>y</del>	8. This corporation owes the current year Intangible Personal Property Tax.
	g Name and Address of Curre				10. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY			81	Jac	k Kanfer
1201 HAYS STREET TALLAHASSEE FL 32301			82	100	oddress (P.O. Box Number is Not Acceptable)  O W McNab Road
,, ,			84		85 Zip Code
				Pom	pano Beach, FL 33069
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpoffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				ration's board of directors. I nereby accept the appointment as registered	
S¹⊕NATURE	Signature, typed or printed name of registered ago	and little if applicable (NOTE: Re	egistered Age	int signature regi	Quired when reinstating)  DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		Change Addition
NAME	KANFER, JACK		12 NAME		
STREET ADDRESS	1000 W. MCNAB RD.		1.3 STREE	T ADORESS	
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-		
TITLE	VTS	☐ DELETÉ	2.1 TITLE	-	☐ Change ☐ Addition
NAME	RUBIN, LEWIS		2.2 NAME		
STREET ADDRESS	1000 W. MCNAB RD.			T ADDRESS	
	POMPANO BEACH FL		2, 4 CITY-	i	
CITY-ST-ZIP TITLE	TOMI AND BENCH TE	☐ DELETE	3.1 TITLE	01-21	Change Addition
NAME		<b>_</b>	32 NAME		
			8	T ADDRESS	
STREET ADDRESS				i	
CITY-ST-ZIP		☐ DELETE	3.4. CITY- 4.1 TITLE	31-ZIF	☐ Change ☐ Addition
TITLE			4.1 NAME		
NAME				Į	
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP		☐ DELETE	4.4 CITY-	SI-ZIP	Change Addition
TITLE		□ nereie	5.1 TITLE 5.2 NAME		_ change _ Change
NAME					
STREET ADDRESS			5.3 STREE	ET ADDRESS	
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	31-41	☐ Change ☐ Addition
HILE					[ ]- [ ]-

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, pr on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

INTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-59

**FILED** 

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90054 047 \*\*\*150.00