

FROM :

PHONE NO. :

980978
Aug. 17 1998 03:14PM P2



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

August 11, 1998

WRIGHT COMMUNICATIONS
1629 SW 81ST AVENUE
SUITE 280
NORTH LAUDERDALE, FL 33068

Subject: WRIGHT COMMUNICATIONS

REGISTRATION NUMBER: G98222000036

This will acknowledge the filing of the above fictitious name registration which was registered on August 10, 1998. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between July 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES. Whenever corresponding please provide assigned Registration Number.

Should you have any questions regarding this matter you may contact our office at (904) 487-6058.

Fictitious Name Section
Division of Corporations

Letter No. 898A00041793

- ACK _____
- AFA _____
- APP _____
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- EAG _____
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Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

DOCUMENT NUMBER-DATE

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FPSC-RECORDS/REPORTING

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT _____

Robert D. Ellis

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS _____

Wright Communications

3. ADDRESS OF THE APPLICANT(S)

STREET 1624 SW 51ST Avenue Suite 280

CITY North Lauderdale

STATE & ZIP CODE Florida 33068

4. TYPE OF ORGANIZATION (CHECK ONE)

A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME ()

DOCUMENTATION: No other documentation needed.

B. PARTNERSHIP ()

DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners.

C. CORPORATION ()

DOCUMENTATION: Attach proof that articles of incorporation have been filed with the Florida Secretary of State's Office. If incorporated outside of Florida, attach proof from the Florida Secretary of State that applicant has authority to operate in Florida and provide name and address of Florida Registered Agent.

NAME: _____

ADDRESS: _____