

09231999-90007-005-\$550.00-\$550.00

1999

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750)

072286

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED

99 OCT 12 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # F98000004382
 1. Corporation Name
IDT AMERICA, CORP.

Principal Place of Business 294 STATE ST. HACKENSACK NJ 07801	Mailing Address 294 STATE ST. HACKENSACK NJ 07801
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DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
07/31/1998

2. Principal Place of Business 21 190 Main St	2a. Mailing Address 26 190 Main St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23 Hackensack, NJ	City & State 28 Hackensack, NJ
Zip 24 07601	Country 25 USA
29 07601	30 USA

4. FEI Number 22-012697	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 FL
86 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 registered agent and the # applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CCEO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONAS, HOWARD S	1.2 NAME	
STREET ADDRESS	294 STATE ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HACKENSACK NJ 07801	1.4 CITY-ST-ZIP	
TITLE	CCOO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALTER, HOWARD S	2.2 NAME	
STREET ADDRESS	294 STATE ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HACKENSACK NJ 07801	2.4 CITY-ST-ZIP	
TITLE	DP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COURTER, JAMES A	3.2 NAME	
STREET ADDRESS	294 STATE ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HACKENSACK NJ 07801	3.4 CITY-ST-ZIP	
TITLE	DV	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOLLER, MARC	4.2 NAME	
STREET ADDRESS	294 STATE ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HACKENSACK NJ 07801	4.4 CITY-ST-ZIP	
TITLE	DS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, JOYCE J	5.2 NAME	
STREET ADDRESS	294 STATE ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	HACKENSACK NJ 07801	5.4 CITY-ST-ZIP	
TITLE	DV	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRECHER, HAL	6.2 NAME	
STREET ADDRESS	294 STATE ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	HACKENSACK NJ 07801	6.4 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)(f), 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: SIGNATURE REQUIRED DATE: _____ DAYTIME PHONE # _____

CR2E034 (5/99)

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