

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Monahan
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 10 AM 9:23

DOCUMENT # **P94000088939 (1)**

1. Corporation Name

INTERCONNECT TECHNOLOGY, INC.

Principal Place of Business

2665 SOUTH BAYSHORE DR.
SUITE 800
MIAMI FL 33133

Mailing Address

2665 SOUTH BAYSHORE DR.
SUITE 800
MIAMI FL 33133

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

12/08/1994

4. FEI Number

65-0539991

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

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

2b

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KLEIN, PETER W
2665 SOUTH BAYSHORE DR.
SUITE 800
MIAMI FL 33133

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BROCKWAY, PETER C
STREET ADDRESS	% 2665 S. BAYSHORE DR., STE. 800
CITY-ST-ZIP	MIAMI FL 33133
TITLE	D/S
NAME	KLEIN, PETER W
STREET ADDRESS	% 2665 S. BAYSHORE DR., STE. 800
CITY-ST-ZIP	MIAMI FL 33133
TITLE	D
NAME	MORAN, MICHAEL E
STREET ADDRESS	% 2665 S. BAYSHORE DR., STE. 800
CITY-ST-ZIP	MIAMI FL 33133
TITLE	D/CEO/P
NAME	Alder, Kenton K.
STREET ADDRESS	710 North 600 West
CITY-ST-ZIP	Logan, Utah 84321
TITLE	D/CFO/T/VP/AS
NAME	Burton, F.G. Lindsay
STREET ADDRESS	710 North 600 West
CITY-ST-ZIP	Logan, Utah 84321
TITLE	D
NAME	Mayer, John
STREET ADDRESS	339 South Isla Avenue
CITY-ST-ZIP	Inglewood, California 90301

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/Chairman of the Board	☐ Change ☐ Addition
1.2 NAME	Powell, Earl W.	
1.3 STREET ADDRESS	2665 South Bayshore Drive, Suite 800	
1.4 CITY-ST-ZIP	Miami, Florida 33133	
2.1 TITLE	Assistant Secretary	☐ Change ☐ Addition
2.2 NAME	Kuffner, Marilyn D.	
2.3 STREET ADDRESS	2665 South Bayshore Drive, Suite 800	
2.4 CITY-ST-ZIP	Miami, Florida 33133	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Marilyn D. Kuffner, Assistant Secretary

SIGNATURE:

03/07/95

(305)858-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number