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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90110 050 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F98000004629

1. Corporation Name
INTERNATIONAL INTERCONNECT, INC.



Principal Place of Business: ~~100 EYSTER BLVD. ROCKLEDGE FL~~
**297 South Barnes Blvd
 Rockledge, FL 32955**

Mailing Address: ~~100 EYSTER BLVD. ROCKLEDGE FL~~
**Attn: Cameron Symestvedt
 Worldpost Communications**

DO NOT WRITE IN THIS SPACE

21. Principal Place of Business: **IIC**
 Suite, Apt. #, etc.: **297 South Barnes Blvd**
 City & State: **Rockledge, FL**
 Zip: **32955** Country: **US**

2a. Mailing Address: **Worldpost Communications**
 Suite, Apt. #, etc.: **1825 Barrett Lakes Blvd**
 City & State: **Kennesaw, GA**
 Zip: **30144** Country: **US**

3. Date Incorporated or Qualified: **08/13/1998**

4. FEI Number: **APPLIED FOR 59-3241374**
 Applied For: No: 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

8. This corporation owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent:
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, PAUL A	1.2 NAME	
STREET ADDRESS	1825 BARRETT LAKES BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	KENNESAW GA 30144	1.4 CITY-ST-ZIP	
TITLE	VDST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGIERA, PHILLIP S	2.2 NAME	
STREET ADDRESS	1825 BARRETT LAKES BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	KENNESAW GA 30144	2.4 CITY-ST-ZIP	
TITLE	VP - Taxes <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cameron Symestvedt	3.2 NAME	
STREET ADDRESS	1825 Barrett Lakes Blvd	3.3 STREET ADDRESS	
CITY-ST-ZIP	Kennesaw, GA 30144	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cameron Symestvedt Date: 4/23/99 Daytime Phone #: 770 792 5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)