

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

CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Axtham  
Secretary of State  
OFFICE OF CORPORATIONS

1995  
5-23-95 B. 6879-C

APPROVED  
FILED

MAY 23 1995

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **J94246** (2)

1. Corporation Name:  
**INTERNATIONAL COMMUNICATIONS, INC.**

Principal Place of Business: **% BRUCE A. MITCHELL, ESQ.  
1825 SOUTH RIVERVIEW DR  
MELBOURNE FL 32901**

Mailing Address: **% BRUCE A. MITCHELL, ESQ.  
1825 SOUTH RIVERVIEW DR  
MELBOURNE FL 32901**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/28/1987</b>	3a. Date of Last Report <b>03/15/1994</b>
21. State Apt # etc	26. State Apt # etc	4. FBI Number <b>59-2857551</b>		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24. Name	25. Name	29. Name		30. Name	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**MITCHELL, BRUCE A.  
1825 S RIVERVIEW DRIVE  
MELBOURNE FL 32901**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	<b>FL</b>
85. Zip Code	

11. Pursuant to the provisions of Sections 607.01(6), 607.01(7), and 607.15(1)(B), 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 language of Sections 607.01(6), Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICER	<b>S</b> <b>ARVIDSON, SUSAN</b> <b>2939 ATLANTIC ST.</b> <b>MELBOURNE BEACH FL</b>	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	<b>P</b> <b>LAMB, LUKE</b> <b>2939 ATLANTIC ST.</b> <b>MELBOURNE BCH. FL</b>	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and claims no liability for the information stated in Sections 139.07(2)(b), Florida Statutes. I further certify that the information is true, correct and complete 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 its successor or together responsible to revise this report as required by Chapter 607, Florida Statutes, and that my name appears in the Section 607.01(6) of the Florida Statutes and that my name is correct and unchanged or correctly amended with an address.

SIGNATURE: *Susan Arvidson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**SUSAN ARVIDSON**

5/19/95  
SECRETARY  
407 951 2184

