FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J94246** **(2)**

1. Corporation Name

INTERNATIONAL COMMUNICATIONS, INC.

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

3. Date Incorporated or Qualified: **09/28/1987**
3a. Date of Last Report: **05/23/1995**

2. Principal Place of Business (21): 2939 Atlantic St.
Suite, Apt. #, etc. (22):
City & State (23): Melbourne Beach , FL
Zip (24): 32951 Country (25):

2a. Mailing Address (26): 2939 Atlantic St.
Suite, Apt. #, etc. (27):
City & State (28): Melbourne Beach, FL
Zip (29): 32951 Country (30):

4. FEI Number: **59-2857551** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: James L. Reinman
82 Street Address (P.O. Box Number Not Acceptable): 1825 S. Riverview Dr
83:
84 City: Melbourne FL 85 Zip Code: 32901

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: James L. Reinman (Registered Agent's Signature) DATE: 7/24/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ARVIDSON, SUSAN		1.2 NAME	
STREET ADDRESS	2939 ATLANTIC ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BEACH FL		1.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LAMB, LUKE		2.2 NAME	
STREET ADDRESS	2939 ATLANTIC ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BCH. FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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.

SIGNATURE: Susan Arvidson SUSAN ARVIDSON 7/24/96 407 953 0132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number