

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 17 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K74278

(8)

1. Corporation Name
IMMIX TELECOM, INC.

Principal Place of Business

1948 NW 54TH AVE
MARGATE FL 33063
US

Mailing Address

1948 NW 54TH AVE
MARGATE FL 33063-3701
US

3. Date Incorporated or Qualified

03/21/1989

3a. Date of Last Report

06/13/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

65-0168977

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

SIMPSON, CLAUDE
2213 N.W. 45TH AVENUE
COCONUT CREEK FL 33066

10. Name and Address of New Registered Agent

81 Name

SIMPSON, CLAUDE

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

6155 NW 53RD STREET

83 City

CORAL SPRINGS

FL

85 Zip Code

33067

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 of person or persons changing office of agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/5/97

12. OFFICERS AND DIRECTORS

TITLE PCD
NAME SIMPSON, CLAUDE O.
STREET ADDRESS 2213 NW 45TH AVE
CITY - ST - ZIP COCONUT CREEK FL 33066 ☐ DELETETITLE VSD
NAME BATES, ELIZABETH H.
STREET ADDRESS 2213 NW 45TH AVE
CITY - ST - ZIP COCONUT CREEK FL 33066 ☐ DELETETITLE TD
NAME OGLE, HELEN F
STREET ADDRESS 3300 N.E. 38TH, APT. 501
CITY - ST - ZIP FORT LAUDERDALE FL 33308 ☐ DELETETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CD ☒ Change ☐ Addition
1.2 NAME SIMPSON, CLAUDE O.
1.3 STREET ADDRESS 6155 NW 53RD STREET
1.4 CITY - ST - ZIP CORAL SPRINGS FL 330672.1 TITLE PD ☒ Change ☐ Addition
2.2 NAME BATES, ELIZABETH H.
2.3 STREET ADDRESS 6155 NW 53RD STREET
2.4 CITY - ST - ZIP CORAL SPRINGS, FL 330673.1 TITLE STD ☐ Change ☐ Addition
3.2 NAME OGLE, HELEN F.
3.3 STREET ADDRESS 6155 NW 53RD STREET
3.4 CITY - ST - ZIP CORAL SPRINGS FL 330674.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP6.1 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 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:

ELIZABETH BATES

1/4/96

954-968-5725

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0146888

CR2E034 (9/96)