

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90121 039 ***150.00

DOCUMENT # K96711

1. Corporation Name

INTEGRATED COMMUNICATION NETWORKS, INC.

Principal Place of Business

100 2ND AVE. SOUTH
901
ST. PETERSBURG FL 33701
US

Mailing Address

100 2ND AVE. SOUTH
901
ST. PETERSBURG FL 33701
US

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

9. Name and Address of Current Registered Agent

KOLENDA, JOHN F
100 2ND AVE. SOUTH
SUITE 901
ST. PETERSBURG FL 33701

3. Date Incorporated or Qualified

06/20/1989

4. FEI Number

59-2958613

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 owes the current year intangible
Personal Property Tax.

☒ Yes

☐ No

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME KOLENDA, JOHN F
STREET ADDRESS 100 2ND AVE. SOUTH
CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE D ☐ DELETE

NAME GIANINI, MARK
STREET ADDRESS 100 2ND AVE. SOUTH, SUITE 901
CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE D ☐ DELETE

NAME BERT, JOSEPH F
STREET ADDRESS 2180 W STATE RD 434 STE 1150
CITY-ST-ZIP LONGWOOD FL

TITLE D ☐ DELETE

NAME HARRISON, BRANDON R
STREET ADDRESS P.O. BOX 1730 N/A
CITY-ST-ZIP EDWARDS CO 81632

TITLE D ☐ DELETE

NAME PATTERSON, DAVID Z
STREET ADDRESS 201 EAST 5TH STREET
CITY-ST-ZIP CINCINNATI OH 45202

TITLE D ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(1), 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. Upon an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN F. KOLENDA 4-16-99 727-831-2300

Date

Daytime Phone #

CR2E034 (11/98)

0404606