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Jan 29 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N24338 (8)

1. Corporation Name

FLORIDA INTERCHANGE CARRIERS ASSOCIATION, INC.  
COMPETITIVE

12/31/94  
NC



Principal Place of Business

Mailing Address

121 N IVANHOE BLVD  
PO BOX 547276  
ORLANDO FL 32854

121 N IVANHOE BLVD  
PO BOX 547276  
ORLANDO FL 32854-7276

3. Date Incorporated or Qualified  
01/13/1988

3a. Date of Last Report  
02/21/1996

2. Principal Place of Business

2a. Mailing Address

21 117 S. Gadsden  
Suite, Apt. #, etc.

26 P.O. Box 10967  
Suite, Apt. #, etc.

22 ~~FLA. INC.~~  
City & State

27  
City & State  
28 Tallahassee, FL

23 Tallahassee, FL  
Zip

29 32302  
Country

24 32302  
Country

30 USA

4. FEI Number  
65-0049123

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

10. Name and Address of New Registered Agent

GILLAN, JOSEPH  
117 S. GADSDEN  
TALLAHASSEE FL 32301

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD  
NAME SULMONETTI, BRIAN K  
STREET ADDRESS 1515 S FEDERAL HWY, STE 400  
CITY-ST-ZIP BOCA RATON FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE S  
NAME GILLAN, JOSEPH P  
STREET ADDRESS 121 N IVANHOE BLVD  
CITY-ST-ZIP ORLANDO FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  
NAME ROTHSTEIN, RACHEL  
STREET ADDRESS 1919 GALLOWES ROAD  
CITY-ST-ZIP VIENNA VA

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE VD  
NAME HENRY, MICHAEL J  
STREET ADDRESS 780 JOHNSON FERRY RD  
CITY-ST-ZIP ATLANTA GA

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 1/21/97

CR2E037 (9/96)