FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 4:13

DOCUMENT # **P92000004018 (7)**

1. Corporation Name
INTELICOM CORPORATION

Principal Place of Business	Mailing Address
28050 U.S. HIGHWAY 19 NORTH SUITE ~~305~~ 202 CLEARWATER FL 34621	28050 U.S. HIGHWAY 19 NORTH SUITE ~~305~~ 202 CLEARWATER FL 34621

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/12/1992
3a. Date of Last Report: 02/03/1994

2. Principal Place of Business	2a. Mailing Address
21 28050 US Hwy 19 N	26
Suite, Apt. #, etc. 22 SUITE 202	Suite, Apt. #, etc. 27 202
City & State 23 CLEARWATER, FL	City & State 28
Zip 24 34621 Country 25 PINELLAS	Zip 29 Country 30

4. FEI Number: 59-3165224 ☐ 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
BUBLEY & BUBLEY, P.A. 3820 NORTHDALE BLVD. SUITE 312B TAMPA FL 33624	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	SPEZZA, DAVID	1.2 NAME	
STREET ADDRESS	31790 US 19 N #116	1.3 STREET ADDRESS	8831 BEL-MEADOW WAY
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34677
TITLE	CEO	2.1 TITLE	☐ Change ☐ Addition
NAME	KANSTOROOM, DAVID	2.2 NAME	
STREET ADDRESS	80 KENDRA WAY #918	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☒ Change ☐ Addition
NAME	MCDONALD, ROBERT	3.2 NAME	NO LONGER AN OFFICER
STREET ADDRESS	949 BAYSHORE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	3.4 CITY-ST-ZIP	
TITLE	VSD	4.1 TITLE	☐ Change ☐ Addition
NAME	OLIVE, WILLIAM	4.2 NAME	
STREET ADDRESS	2248 TONIWOOD LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34685	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: DAVID SPEZZA 1-15-95 813-797-9000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number

0350001 CP