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 FEB -9 PM 12:01

DOCUMENT # P93000026509 (8)

1. Corporation Name
INTEGRATED COMMUNICATION CONCEPTS, INC.

Principal Place of Business	Mailing Address
460 SE 7TH AVE POMPANO BEACH FL 33060-8048	460 SE 7TH AVE POMPANO BEACH FL 33060-8048

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/08/1993	3a. Date of Last Report: 04/04/1994
4. FEI Number: 65-0398341	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 911 SE 5th AVE	26 911 S.E 5th AVE
22 Suite, Apt. #, etc. POMPANO BEACH	27 Suite, Apt. #, etc. 9
23 City & State FL	28 City & State POMPANO BEACH, FL
24 Zip 33060-8109 25 Country BROWARD	29 Zip 33060-8119 30 Country BROWARD

9. Name and Address of Current Registered Agent

WICKHAM, DOUGLAS L
460 SE 7TH AVE
POMPANO BEACH FL 33060-8048

10. Name and Address of New Registered Agent

81 Name SAME
82 Street Address (P.O. Box Number Not Acceptable) 911 S.E 5th AVE
83
84 City POMPANO BEACH FL 85 Zip 33060

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: Douglas L. Wickham 1-20-95
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☒ Change ☐ Addition
NAME	WICKHAM, DOUGLAS L	12 NAME	
STREET ADDRESS	~~460 SE 7TH AVE~~	13 STREET ADDRESS	911 SE 5th AVE
CITY-ST-ZIP	POMPANO BEACH FL 33060-8048	14 CITY-ST-ZIP	
TITLE	ST	21 TITLE	☒ Change ☐ Addition
NAME	WICKHAM, SUSAN A	22 NAME	
STREET ADDRESS	~~460 SE 7TH AVE~~	23 STREET ADDRESS	911 SE 5th AVE
CITY-ST-ZIP	POMPANO BEACH FL 33060-8048	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Douglas L. Wickham Pres. 1-20-95 305-919-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0102603 CP