

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000026509 (8)

1. Corporation Name

INTEGRATED COMMUNICATION CONCEPTS, INC.



Principal Place of Business

Mailing Address

911 SE 5TH AVE
POMPANO BEACH FL 33060-8109
US

911 SE 5TH AVE
POMPANO BEACH FL 33060-8109
US

3. Date Incorporated or Qualified
04/08/1993

3a. Date of Last Report
02/09/1995

2. Principal Place of Business

2a. Mailing Address

21 1438 SW Rustic Lane
Suite, Apt. #, etc.

27 SAME
Suite, Apt. #, etc.

4. FEI Number
65-0398341

Applied For
Not Applicable

22

27

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

29

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WICKHAM, DOUGLAS L
911 SE 5TH AVE
POMPANO BEACH FL 33060

81 Name

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

83

84

1438 SW Rustic Lane

Palm City

FL

39920

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

(NOTE: Registered Agent signature required when registering.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	☐ DELETE
NAME	WICKHAM, DOUGLAS L	
STREET ADDRESS	911 SE 5TH AVE	
CITY-STATE-ZIP	POMPANO BEACH FL	
TITLE	ST	☐ DELETE
NAME	WICKHAM, SUSAN A	
STREET ADDRESS	911 SE 5TH AVE	
CITY-STATE-ZIP	POMPANO BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/19/96

Date

954-969-3300

Daytime Phone #

CR2E034 (12/95)