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

Mailing Address

1438 SW RUSTIC LANE

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

appears in Block 12 or Block

1438 SW RUSTIC LANE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 23 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000026509 (8)

INTEGRATED COMMUNICATION CONCEPTS, INC.

PALM CITY FL 34990-1949 PALM CITY FL 34990 3. Date Incorporated or Qualified 3a. Date of Last Report 04/08/1993 01/25/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-039834 26 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Country B. This corporation has liability for intangible tax under s. 199.032, Yes No 30 24 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name WICKHAM, DOUGLAS L 1438 SW RUSTIC LANE Street Address (P.O. Box Number is Not Acceptable) PALM CITY FL 34990 83 84 City 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. DOUGLAS C. WICKHAM SIGNATURE 12 MSES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. (96/6) DELETE **C**hange Addition TITLE 1.1 TITLE WICKHAM, DOUGLAS L 1.2 NAME 1438 SW RUSTIC LANE STREET ADDRESS 1.3 STREET ADDRESS PALM CITY FL CITY - ST - ZIP 1.4 CITY - ST - ZIP 51 DELETE ___ Addition Change TITLE 2.1 TITLE WICKHAM, SUSAN A 2.2 NAME 1438 SW RUSTIC LANE STREET ADDRESS 2.3 STREET ADDRESS PALM CITY FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP ☐ Change TITLE DELETE Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition TOTLE 4.1 THEE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS DITY - ST - ZIP 54 CITY-\$T-ZIP DELETE TOTALE 6.1 TITLE ☐ Change ___ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 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 607, Florida Statutes; and that my name