SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 MAY -1 AM 9:20

DOCUMENT # **P93000067921 (5)**

1. Corporation Name
INCLINE COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
333 FAULKENBERG ROAD SUITE B-209 TAMPA FL 33619	333 FAULKENBERG ROAD SUITE B-209 TAMPA FL 33619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/23/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: APPLIED FOR 59-3315186	☐ Applied For ☐ Not Applicable
21 333 FAULKENBARG Rd	26 333 FAULKENBERG RL		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
22 SUITE B-209	27 SUITE B-209		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
23 TAMPA, FL	28 TAMPA, FL		
Zip / County	Zip / County	8. The corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No	
24 33619 / 25 Hills	29 33619 / 30 Hills		

9. Name and Address of Current Registered Agent

STODDARD, RALPH C
915 OAKFIELD DRIVE
SUITE F
BRANDON FL 33511

10. Name and Address of New Registered Agent

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 agent is an officer) (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P	☒ Change ☐ Addition
NAME	ZACKER, LARRY T	12 NAME	TOY, RONALD W.	
STREET ADDRESS	1530 LANCELOT LOOP	13 STREET ADDRESS	333 FAULKENBERG Rd, SUITE B-209	
CITY ST ZIP	TAMPA FL 33619	14 CITY ST ZIP	TAMPA, FL 33614	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY ST ZIP		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				
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

RENUMBERED AS ENTRY 1

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: Ronald W. Toy — 6-7-95 — (813)685-2330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

0101200 CP