

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY 31 AM 9:26

DOCUMENT # P94000031214 (7)

1. Corporation Name

INTERNATIONAL TELEPHONE CARD, INC.

Principal Place of Business

301 BUENA VENTURA BLVD.  
SUITE A  
KISSIMMEE FL 34743

Mailing Address

~~301 BUENA VENTURA BLVD.~~  
~~SUITE A~~  
~~KISSIMMEE FL 34743~~

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

04/25/1994

3a. Date of Last Report

2. Principal Place of Business

21 1342 E. VINE ST.

2a. Mailing Address

26 200 S. Orange Ave.

4. FEI Number

59-3299914

Applied For

Not Applicable

Suite, Apt. #, etc.

22 SUITE A351

Suite, Apt. #, etc.

27 Suite 2300

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

23 KISSIMMEE FLA

City & State

28 Orlando, FL

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

24 34744.3655

Country

Zip

29 32801

Country

30

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

9. Name and Address of Current Registered Agent

A.G.C. CO.  
200 SOUTH ORANGE AVE.  
2300 SUN BANK CENTER  
ORLANDO FL 32802

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

Signature of agent or person in charge of registered agent and fee if applicable

NOTE: Registered Agent signature required when re-statuting

DATE

12. OFFICERS AND DIRECTORS

|       |      |                |                 |
|-------|------|----------------|-----------------|
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                       |                                                                              |
|---------------------|---------------------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | P/S/T/D                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME            | Smith, Roy F.                         |                                                                              |
| 1.3 STREET ADDRESS  | 120 W. Beaver Creek Rd., Ste. 18      |                                                                              |
| 1.4 CITY - ST - ZIP | Richmond Hill, Ontario, CANADA L4B1L2 |                                                                              |
| 2.1 TITLE           |                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME            |                                       |                                                                              |
| 2.3 STREET ADDRESS  |                                       |                                                                              |
| 2.4 CITY - ST - ZIP |                                       |                                                                              |
| 3.1 TITLE           |                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |                                       |                                                                              |
| 3.3 STREET ADDRESS  |                                       |                                                                              |
| 3.4 CITY - ST - ZIP |                                       |                                                                              |
| 4.1 TITLE           |                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |                                       |                                                                              |
| 4.3 STREET ADDRESS  |                                       |                                                                              |
| 4.4 CITY - ST - ZIP |                                       |                                                                              |
| 5.1 TITLE           |                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |                                       |                                                                              |
| 5.3 STREET ADDRESS  |                                       |                                                                              |
| 5.4 CITY - ST - ZIP |                                       |                                                                              |
| 6.1 TITLE           |                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |                                       |                                                                              |
| 6.3 STREET ADDRESS  |                                       |                                                                              |
| 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 110.07(3)(b), Florida Statutes. I further certify that the information included 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT/SECT.

4/29/95 (905) 731-6736