

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 MAY - 1 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000050920 (5)

1. Corporation Name

**INTERACTIVE COMMUNICATIONS TECHNOLOGIES CORPORAT
ION**

Principal Place of Business

9471 SUMMER PLACE
NAPLES FL 33942

Mailing Address

9471 SUMMER PLACE
NAPLES FL 33942

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/06/1994

3a. Date of Last Report

2. Principal Place of Business

21 9640 Golden Gate Parkway

2b. Mailing Address

Suite, Apt. #, etc.

22 Suite 114

23 City & State
NAPLES, FL

24 Zip
33942

25 Country
USA

27 City & State

29 Zip

30 Country

4. FEI Number

65-0519158

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

9. Name and Address of Current Registered Agent

GLASS, ARNOLD L
9471 SUMMER PLACE
NAPLES FL 33942

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

GLASS, ARNOLD L

STREET ADDRESS

9471 SUMMER PLACE

CITY - ST - ZIP

NAPLES FL 33942

1. TITLE

P/D

Change Addition

2. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

TITLE

D

NAME

GLASS, SANDRA L

STREET ADDRESS

9471 SUMMER PLACE

CITY - ST - ZIP

NAPLES FL 33942

21. TITLE

T/S/N/D

Change Addition

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

TITLE

D/V

NAME

LARRY LURSEY

STREET ADDRESS

6467 CONNING TOWER CIRCLE A1

CITY - ST - ZIP

NAPLES, FL 33962

Change Addition

41. TITLE

D

Change Addition

42. NAME

DOUGLAS EVANS

43. STREET ADDRESS

2015 RIVER REACH DRIVE, Apt. 2B5

44. CITY - ST - ZIP

NAPLES, FL 33942

TITLE

D/V

NAME

Robert C. Bennett

STREET ADDRESS

7065 DENNIE CIRCLE

CITY - ST - ZIP

NAPLES, FL 33942

Change Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY - ST - ZIP

Change Addition

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)(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:

Sandra L. Glass

SANDRA L. GLASS

4/24/95

813-649-8883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(1)

(Typed Name)