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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000073195 (7)

FILED Jan 28 1998 8:00am Secretary of State

IXC, INCORPORATED Principal Place of Business Mailing Address 20354 MONTE VERDE CIR 20354 MONTE VERDE CIR **BOCA RATON FL 33498 BOCA RATON FL 33498** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/29/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0527856 21 26 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BROGDON, ROBERT 20354 MONTE VERDE CIR Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33498** City Zip Code 85 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 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition | TITLE 1.1 TITLE BROGDON, ROBERT NAME 1.2 NAME **CR2E034** 20354 MONTEVERDI CT 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33498** CITY - ST - ZIP 1.4 CITY - ST- ZIP DELETE Change Addition TITLE 2.1 TITLE .AME 2.2 NAME REET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2, 4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME MARKE STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4, CITY - ST - ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST-ZIP DELETE Change Addition 6.1 TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. I 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 appears in Block 12 or Block 13 if changed, or the analysis an address.

SIGNATURE:

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561-477-8238