SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

FILED AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) Jul 25 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # P94000079936 (8) INTELICOM INTERNATIONAL CORPORATION Principal Place of Business Mailing Address 29050 US HWY 19 NORTH 28050 US HWY 19 NORTH **CLEARWATER FL 34621** CLEARWATER FL 34621 DO NOT WRITE IN THIS SPACE 3a. Date of Last Report 3. Date Incorporated or Qualified 10/31/1994 2. Principal Place of Business 2a. Mailing Address Applied For 59-3275881 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apl. #, 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 23 28 Trust Fund Contribution Added to Fees Zip Country This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.
Yes No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BUBLEY & BUBLEY, P.A. 3820 NORTHDALE BLVD. Street Address (P.O. Box Number is Not Acceptable) SUITE 321B 83 **TAMPA FL 33824** City 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 little it applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE TITLE ☐ Change ☐ Addition KANSTOROOM, DAVID NAME 1.2 NAME 28050 US HWY 19 NORTH, SUITE 202 STREET ADDRESS 1.3 STREET ADDRESS **CLEARWATER FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE SPEZZA. DAVID NAME 2.2 NAME 28050 US HWY 19 NORTH, SUITE 202 STREET ADDRESS 2.3 STREET ADDRESS CLEARWATER FL CITY-ST-ZIP 2 4 CITY-ST-ZIP OELETE TITLE 3.1 TITLE ☐ Change Addition OLIVE, WILLIAM NAME 3.2 NAME 2248 TONIWOOD LANE STREET ADDRESS 3.3 STREET ADDRESS PALM HARBOR FL 34685 CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - 2IP

DELETE

MELAREQUINED

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 suppliemental 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 truster 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 a state of the corporation of the corporat

(4/97

Change

813-797-9000

Addition