## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12 or



FLORIDA DEPARTMENT OF STATE

Sandra S. Mortham

**FILED** 

Apr 18 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000087508 (5)

INTERMAR TELECOMMUNICATIONS CONSULTANTS, INC.

Solite, Apt #, etc   26   Settle, Apt #, etc.   27   Settle, Apt #, etc.   28   Settle, Apt #, etc.			VD. STE. 711 1975 EAST SUNRISE BLVD. STE. 711 STET 722						Principal Place 1975 EAST SU STE 722		
Solie, Apt. #, etc.   Sulte, Apt. #, etc.						3304-1454	LAUDERDALE FL 3		1454	DALE FL 33304-	
Solite. Apt. #, etc.    22    27    State   City & State   City & State   City & State   State	Applied For	<b>}+</b> -			7		illing Address		5	lace of Busines	
City & State  St	Not Applicable 75 Additional	¢0.75					ite. Apt. #. etc.			#. etc	
City & State    Country   28	ee Required		Certificate of Status Desired	5. Certifi				η		.,	
Zip	.00 May Be						y & State	<b>├</b> -3		)	City & State
9. Name and Address of Current Registered Agent  MURDOOH, ROBERT E ESD. 790 EAST BROWARD BLVD. STE. 400 FORT LAUDERDALE FL 33301  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Co  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its 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 reagent 1 am familiar with, and accept the obligations of, Section 607 0505, Florida Statules.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  1112  12 NAME  12 NAME  12 NAME  13 NEET ADDRESS  FORT LAUDERDALE FL 33304-1454  14 OTY: S1-Zip  1711  1715  1716  1716  1717  1716  1716  1717  1717  1716  1717  1717  1717  1717  1718  1719  1711  17					ry	Countr	,		Country		Zip
MURDOCH, ROBERT E ESO. 780 EAST BROWARD BLVD. STE. 400 FORT LAUDERDALE FL 33301  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City   FL   85 Zip Co.  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its 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 reagent lam familiar with, and accept the obligations of Section 607 0505, Florida Statules, the above-named corporation submits this statement for the purpose of changing its 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 reagent agent with, and accept the obligations of Section 607 0505, Florida Statules, the above-named corporation submits this statement for the purpose of changing its office of 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 reagent agent ag		<del></del>				30	- Annu		4 444 06 0		1
Record   Street Address (P.O. Box Number is Not Acceptable)   Record   Re		istared Agent	MBILLO WOOLARS OF MAN 1468		1 Name	81	O Agent	riteur Hebister	·		
FORT LAUDERDALE FL 33301    B4			O B. N	A-1-1 (D.O. D				TE. 400			
B4		а)	.U. Box Number is Not Acceptable	Address (P.U. Bo	Street	62					
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 reduced 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 reading and the purpose of changing its reduced 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 reading and the state of Florida Statutes.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Intitude  LEWIS-JONES, MARK J  12. LEWIS-JONES, MARK J  12. LEWIS-JONES, MARK J  12. LEWIS-JONES, MARK J  13. STREET ADDRESS  SIRELE ADDRESS  SIRELE ADDRESS  SIRELE ADDRESS  SIRELE ADDRESS  CITY-S1-ZIP  DELETE  21. TITLE  DELETE  21. TITLE  DELETE  31. TITLE  Change  Change  Change  Change  Change  A CITY-S1-ZIP  TITLE  DELETE  31. TITLE  Change  Change  Change  Change  A CITY-S1-ZIP  TITLE  DELETE  STREET ADDRESS  STREET ADDRESS  CITY-S1-ZIP  TITLE  DELETE  STREET ADDRESS  CITY-S1-ZIP  TITLE  DELETE  STREET ADDRESS  STREET ADDRESS  STREET					3	83					
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 of office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as re agent are familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.    SIGNATURE	Zip Code	85 Zij		······································	4 City	84					
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 re agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signative bysect or prefetch cancer of registered agent and stell it applicable. (NOTE Registered Agent spirature required when reinstating)   Date   Dat	ning its registered		a submits this statement for the ru	d occopration sub-	L Dame	on the obe	IEOR Elorido Statu	7.0502 and 607	of Post one 607	to the meanigles	I Duran and
12.	int as registered	the appointment a	oard of directors. I hereby accept	rporation's board o	ov the cor	authorized b	Such change was	State of Florida.	or both in the S	edistered agen	office or r agent. La
D					gent signatur					Signatizal typed or p	
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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 supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under	y that the	. I further certify the	ction 119.07(3)(i), Florida Statutes	stated in Section 1	cemption	fy for the ex	ling does not qua	applied with this	e information sup	by certify that the	14. I do herel