

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
ANNUAL REPORT DUE BY SEPTEMBER 30, 1998. NO REPORT DUE TO PRIN STATE: \$750X

FILED

Oct 07 1998 8:00am
Secretary of State

AMENDED PROFIT CORPORATION ANNUAL REPORT
1998 \$61.25
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000004116

1. Corporation Name

INTELCOM INTERNATIONAL HOLDING, INC.

Principal Place of Business

Mailing Address

28050 US HWY 19 NORTH
SUITE 202
CLEARWATER, FL 34621

P.O. Box 15755
CLEARWATER, FL
33766-5755

AMENDED

DO NOT WRITE IN THIS SPACE

21. Principal Place of Business Suite, Apt. #, etc.	26. Mailing Address Suite, Apt. #, etc.	3. Date Incorporated or Qualified JANUARY 13, 1995	4. FEI Number 69-3287941	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required	
23. Zip Country	28. Zip Country	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees	
24. Zip	25. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EDWIN B. SALMON, JR.
4707 140TH AVE. NORTH
SUITE 107
CLEARWATER, FL 33762

81. Name
MARK D. COBB
82. Street Address (P.O. Box Number is Not Acceptable)
28050 U.S. HWY 19 NORTH
83. SUITE 202
84. City
CLEARWATER FL 85. Zip Code
34621

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: Mark D. Cobb MARK D. COBB 9-28-98
Signature of the person named in the corporation and title, if applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CHAIRMAN ☒ DELETE	1.1 TITLE CHAIRMAN - DIRECTOR ☒ Change ☐ Addition	1.1 NAME MARK D. COBB	1.2 NAME MARK D. COBB
NAME EDWIN B. SALMON JR.	1.3 STREET ADDRESS 28050 US HWY 19 NORTH, SUITE 202	1.3 STREET ADDRESS 28050 US HWY 19 NORTH, SUITE 202	1.4 CITY - ST - ZIP CLEARWATER, FL 34621
STREET ADDRESS 4707 140TH AVE N., SUITE 107	2.1 TITLE PRESIDENT - CEO ☒ Change ☐ Addition	2.1 NAME MARK D. COBB	2.2 NAME MARK D. COBB
CITY - ST - ZIP CLEARWATER, FL 33762	2.3 STREET ADDRESS SAME AS ABOVE	2.3 STREET ADDRESS SAME AS ABOVE	2.4 CITY - ST - ZIP SAME AS ABOVE
TITLE PRESIDENT ☒ DELETE	3.1 TITLE SECRETARY ☒ Change ☐ Addition	3.1 NAME MARK D. COBB	3.2 NAME MARK D. COBB
NAME JAMES T. KOWALCZYK	3.3 STREET ADDRESS SAME AS ABOVE	3.3 STREET ADDRESS SAME AS ABOVE	3.4 CITY - ST - ZIP SAME AS ABOVE
STREET ADDRESS 4707 140TH AVE N., SUITE 107	4.1 TITLE TREASURER ☒ Change ☐ Addition	4.1 NAME MARK D. COBB	4.2 NAME MARK D. COBB
CITY - ST - ZIP CLEARWATER, FL 33762	4.3 STREET ADDRESS SAME AS ABOVE	4.3 STREET ADDRESS SAME AS ABOVE	4.4 CITY - ST - ZIP SAME AS ABOVE
TITLE SECRETARY ☒ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 5.5 CITY - ST - ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 5.5 CITY - ST - ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 5.5 CITY - ST - ZIP
NAME EDWIN B. SALMON	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP
STREET ADDRESS 4707 140TH AVE. N., SUITE 107	7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY - ST - ZIP	7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY - ST - ZIP	7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY - ST - ZIP
CITY - ST - ZIP CLEARWATER, FL 33762	8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY - ST - ZIP	8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY - ST - ZIP	8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY - ST - ZIP	9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY - ST - ZIP	9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 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 on an attachment with an address.

SIGNATURE: Mark D. Cobb MARK D. COBB 9-28-98 727-797-9000

CR2E034 (5/98)