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May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90131 046 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000004116

1. Corporation Name

INTELCOM INTERNATIONAL HOLDING, INC.

Principal Place of Business

28050 U.S. HIGHWAY 19 NORTH  
SUITE 202  
CLEARWATER FL 34621  
US

Mailing Address

P.O. BOX 15755  
CLEARWATER FL 33766-5755

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1995

4. FEI Number

59-3287941

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 owes the current year Intangible  
Personal Property Tax.

Yes No

2. Principal Place of Business

21 4707 140TH AVE. North

2a. Mailing Address

26 4707 140TH AVE North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 104

27 SUITE 104

City & State

City & State

23 Clearwater Florida

28 Clearwater Florida

Zip

Zip

24 33762

25

USA

29 33762

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COBB, MARK D  
28050 U.S. HIGHWAY 19 NORTH  
SUITE 202  
CLEARWATER FL 34621

81 Name

JAMES KOWALCZYK

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

4707 140TH AVE. North

83

SUITE 104

84 City

CLEARWATER

FL

85 Zip Code

33762

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

James T. Kowalczyk

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COBB, MARK D	1.2 NAME	JAMES KOWALCZYK
STREET ADDRESS	28050 U.S. HIGHWAY 19 NORTH, SUITE 202	1.3 STREET ADDRESS	4707 140TH AVE. N., SUITE 104
CITY-ST-ZIP	CLEARWATER FL 34621	1.4 CITY-ST-ZIP	CLEARWATER, FL 33762
TITLE	PCEO <input checked="" type="checkbox"/> DELETE	2.1 TITLE	S/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COBB, MARK D	2.2 NAME	EDWIN B. SALMON, JR.
STREET ADDRESS	28050 U.S. HIGHWAY 19 NORTH, SUITE 202	2.3 STREET ADDRESS	4707 140TH AVE. N., SUITE 104
CITY-ST-ZIP	CLEARWATER FL 34621	2.4 CITY-ST-ZIP	CLEARWATER, FL 33762
TITLE	S. <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COBB, MARK D	3.2 NAME	
STREET ADDRESS	28050 U.S. HIGHWAY 19 NORTH, SUITE 202	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34621	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COBB, MARK D	4.2 NAME	
STREET ADDRESS	28050 U.S. HIGHWAY 19 NORTH, SUITE 202	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34621	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE:

James T. Kowalczyk (JAMES T. Kowalczyk) 4/30/99 (727) 530-4800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)