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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

ICM	MENT on Name TELEMAI	RKETING CENTER	00025702 (, INC.	(8)		
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Principal Place of Business 990 DOUGLAS AVENUE SUITE 102 ALTAMONTE SPRINGS FL 32714		Mailing Address 990 DOUGLAS AVENUE SUITE 102				
ALIAMON	HE SPHINGS	FL 32714	ALTAMONTE SPRIN	IGS FL 32714	3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal P			2a. Mailing Address		03/30/1995 4. FEI Number	
Suite, Apt. #, etc.			26 POB 1100		59-33053	Applied For Not Applicable
2 \$ 100			Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State			City & State		6. Election Campaign Financing	Fee Required
_ Zip	- 1	FL Country	23 Coldenous	, FL	Trust Fund Contribution	\$5.00 May Be Added to Fees
4 3279		25 USA	29 32 733	Country 30 USA	8. This corporation has liability for Florida Statutes	r intangible tax under s 199,032,
	9. Name	and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New	S No Registered Agent
SUITE ALTAM	IONTE SPR	IINGS FL 32714		83 84 City	Address (P.O. Box Number is Not Accepte Lo University Purk	Dr., # 100
 Pursuant to or registere familiar with 	o the provision of the agent, or the high and acception.	ons of Sections 607.0502 both, in the State of Florid If the obligations of, Section	and 607.1508, Florida Statute a. Such change was authorize on 607.0505, Florida Statutes	es, the above-named or ed by the corporation's	orporation submits this statement for the pubboard of directors. I hereby accept the app	rpose of changing its registered office pointment as registered agent. Lan
SIGNATURE _		16.	7			- 5 gond (dir)
٤	Sign 7 no. typed o		Jan S	Kjersen (on truller	Hlula
	Sign no, typed o	r printed name of registered agent a OFFICERS AND	and title Lappi cable Jan	Skjersen TE digisteren Agent signature r 13.	Pis France. eoured when reinstating:	4/30/4
I2.	Sign no, typed o	r printed name of registered agent a	and title Lappi cable Jan	TE: Registered Agent signature r	ecured when reinstatings ADDITIONS/CHANGES 10 OFF	FIGERS AND DIRECTORS IN 12
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SIGNATURE;

SAN TURE AND TYPED OR PRIMITED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96

407-977-1781