

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000025702 (8)

1. Corporation Name

ICM TELEMARKETING CENTER, INC.

Principal Place of Business

990 DOUGLAS AVENUE  
SUITE 102  
ALTAMONTE SPRINGS FL 32714

Mailing Address

990 DOUGLAS AVENUE  
SUITE 102  
ALTAMONTE SPRINGS FL 32714



2. Principal Place of Business

2a. Mailing Address

21 ~~100~~ 120 University Park Dr.

26 POB 1100

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #100

27 City & State

23 Winter Park, FL

28 Goldenrod, FL

Zip Country

Zip Country

24 32792

25 USA

29 32733

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
03/30/1995

3a. Date of Last Report

4. FEI Number

59-3305358

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

MILLER, ROBERT E  
990 DOUGLAS AVENUE  
SUITE 102  
ALTAMONTE SPRINGS FL 32714

81 Name

Jan Skjersaa

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

120 University Park Dr., #100

84 City

Winter Park

FL

85 Zip Code

32792

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

Jan Skjersaa

Jan Skjersaa, Controller

4/30/96

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

President

☐ Change ☒ Addition

1.2 NAME

Lott, Laurinda Louise

1.3 STREET ADDRESS

2261 Chantilly Terrace

1.4 CITY-ST-ZIP

Oviedo, FL 32765

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 a address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

407-977-1781

Date

Daytime Phone #

CR2E034 (12/95)