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May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000025702 (8)

1. Corporation Name
ICM TELEMARKETING CENTER, INC.



Principal Place of Business
120 UNIVERSITY PARK DR.
#100
WINTER PARK FL 32792
US

Mailing Address
P. O. BOX 1100
GOLDENROD FL 32733-1100
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

03/30/1995

3a. Date of Last Report

05/01/1996

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

9. Name and Address of Current Registered Agent

SKJERSAA, JAN
120 UNIVERSITY PARK DR.
#100
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

81 Name

DENNIS P VECICIA

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

120 UNIVERSITY PARK DRIVE

83 Suite, Apt. #, etc.

SUITE 150

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 *Dennis P Vecicia*

DENNIS P VECICIA
TREASURER

4/8/97

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 P ☒ DELETE

NAME LOTT, LAURINDA L
STREET ADDRESS 2261 CHANTILLY TERRACE
CITY-ST-ZIP OVIEDO FL

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 P ☒ Change ☒ Addition

1.2 NAME CHARLES MORTON
1.3 STREET ADDRESS 4416 BLI STREET
1.4 CITY-ST-ZIP ORLANDO, FL 32804

2.1 TITLE T ☐ Change ☒ Addition

2.2 NAME DENNIS P VECICIA
2.3 STREET ADDRESS 120 UNIVERSITY PARK DRIVE, SUITE 150
2.4 CITY-ST-ZIP WINTER PARK, FL 32792

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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 *Dennis P Vecicia*

DENNIS P VECICIA, TREASURER
4/8/97 407-679-5455

CR2E034 (9/96)