FILED

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000069396

1. Corporation Name

INTERCONTINENTAL COMMUNICATIONS GROUP, INC.

Principal Place of Business Mailing Address				_	1 1201(52) tra 10101 divi estit satit estit estit		
1801 SOUTH FEDERAL HIGHWAY 1801 SOUTH FEDERAL HIGH SUITE 305 SUITE 305			-WAY		DO NOT WOITS IN TH	HO(CDACE.	
DELRAY BEACH FL 33483 DELRAY BEACH FL 33483			_			IIS'SPACE	
					3. Date Incorporated or Qualifed		
					09/06/1995		
Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For	
21 26					65-0527930	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
	City & State City & State				6. Election Campaign Financing	\$5.00 May Be	
23	28			Trust Fund Contribution Added to Fees			
Zip	Country Zip Co				8, This corporation owes the current year Intangible Personal Property Tax.		
24	24 25 29 30 9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
	5. Italie and Address of Con-	on registered , igoni	81	Name			
SIEGEL, RONALD 1800 CORPORATE BLVD.							
				82 Street Address (P.O. Box Number is Not Acceptable)			
SUITE 302			83				
BOCA RATON FL 33431			84 City F1 85 Zip Code				
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505, Flori	ida Statutes	i.	on's board of directors. I hereby accept the ap		
12,		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TITLE	CPT	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition	
NAME	BROUGH, DOUGLAS C		1.2 NAME	1		İ	
	Discouring Debugging Comments			T ADDRESS		į	
STREET ADDRESS	1	E 303	1.5 STREE			,	
CITY-ST-ZIP	DELRAY BCH FL	□ DELETE	2.1 TITLE		.00	☐ Change ☐ Addition	
TITLE	COX BOD			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	MARI BIDA	– • –	
NAME	MICHARL BIRD		2.2 NAME		1 ICHAEL BIRD HW 801 5. FEDERAL HW	4. 5TE 305	
STREET ADDRESS	1801 5 FEDERAL DELKAY BCh, F	HANY, SUITE 305		TADDRESS /	DELRAY BCh, FL 3	251182	
CITY-ST-ZIP	DELRAY BCh, P	<u> 23483</u>	2.4 CITY-			Change Addition	
TITLE	CR0/	DELETE	3.1 TITLE		CFO	Change / Addition	
NAME	RICHARD		32 NAME	/	RICHARD NEWMAN	U 676 74	
STREET ADDRESS			3.3 STREE		801 S. FEDERAL HW		
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP		33483	
TITLE		☐ DELETE	4.1 TITLE	4	EXEC. VIP	☐ Change ☐ Addition	
NAME	ĺ		4, 2 NAME	1 6	William HEITZIESG. 1801 S. FEDERAL TO DELRAY BCh, FL 3	· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS			4.3 STREE	TADDRESS /	801 S. FEDERAL H	404,51E 305	
CITY-ST-ZIP			4.4 CITY- S	ST-ZIP	ELRAY BCh, FL 3	<u> 3483</u>	
TITLE		☐ DELETE	5.1 TITLE		, , , , , , , , , , , , , , , , , , , ,	☐ Change ☐ Addition	
			52 NAME	l			

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

☐ Change

☐ Addition