

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000073112 (1)**

1. Corporation Name

INTER-COMM CORPORATION



Principal Place of Business: **19812 W. DIXIE HIGHWAY NORTH MIAMI FL 33180**
Mailing Address: **19812 W. DIXIE HIGHWAY NORTH MIAMI FL 33180**

3. Date Incorporated or Qualified 09/20/1995	3a. Date of Last Report
4. FET Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

9. Name and Address of Current Registered Agent

BOTTIGLIERI, CHARLES
19812 W. DIXIE HIGHWAY
NORTH MIAMI FL 33180

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____ DATE _____
Signature, typed or printed name of registered agent, and title, if any. (If title Registered Agent, signature must be notarized)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOTTIGLIERI, CHARLES	2. 2. NAME	
STREET ADDRESS	19812 W. DIXIE HIGHWAY	3. 3. STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33180	4. 4. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. 2. NAME	
STREET ADDRESS		2. 3. STREET ADDRESS	
CITY-ST-ZIP		2. 4. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. 2. NAME	
STREET ADDRESS		3. 3. STREET ADDRESS	
CITY-ST-ZIP		3. 4. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. 2. NAME	
STREET ADDRESS		4. 3. STREET ADDRESS	
CITY-ST-ZIP		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 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 an address.

SIGNATURE: *Charles Bottiglieri*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-13-96 305-933-4496
Date Time Phone #

CR2E034 (12/95)