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FILED

May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
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

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

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9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

09/20/1995

3a. Date of Last Report

05/20/1996

4. FEI Number

050666264

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

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 607.1508, 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

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 D
NAME BOTTIGLIERI, CHARLES
STREET ADDRESS 19812 W. DIXIE HIGHWAY
CITY-STATE-ZIP NORTH MIAMI FL 33180

TITLE
NAME
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CITY-STATE-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME LESLIE NIEFELD
1.3 STREET ADDRESS 9521 NW 8 ST
1.4 CITY-STATE-ZIP PEMBERKE PINES FL 33024

2.1 TITLE TREASURER
2.2 NAME HOPE BOTTIGLIERI
2.3 STREET ADDRESS 659 WOODGATE CIR.
2.4 CITY-STATE-ZIP SUNRISE, FL 33324

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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: Charles Bottiglieri
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-97 305-933-4496

Date

Daytime Phone #

CR2E034 (9/96)