FILE NOW: FILING FEE AFTER MAY 1 IS \$550.

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMEN

Sandra B. Morani

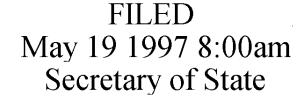
Secretary of Pale
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000073112 (1)

INTER-COMM CORPORATION

19812 W. DIXIE HIGHWAY NORTH MIAMI FL 33180





MORTH MINMITE COLU	•		•		
			:	<ol> <li>Date Incorporated or Qualified 09/20/1995</li> </ol>	<b>3a.</b> Date of Last Report <b>05/20/1996</b>
2. Principal Place of B	lusiness	2a. Mailing Address	v 8 st	4. FEI Number	Applied For
21		26 9521 NH	v 8 St	4300000464	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.	-	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Cy & State	1) 21	6. Election Campaign Financing	\$5.00 May Be
23		28 Pembloke	Pines M	Trust Fund Contribution	Added to Fees
Zip	Country	782014	Country	8. This corporation has liability for in	
24	25		0 USA-		Yes No
	me and Address of Curre	nt Registered Agent		10. Name and Address of New Reg	Istered Agent
	ri, Charles		81 Name		
	XXIE HIGHWAY		82 Street Add	Iress (P.O. Box Number is Not Acceptable	9)
NORTH MA	VMI FL 33180				
•			83		
•			84 City		85 Zip Code
					FL
11. Pursuant to the profile of the p	ovisions of Sections 607.05	02 and 607.1508, Florida Statutes	the above-named cor	poration submits this statement for the pution's board of directors. I hereby accept	rpose of changing its registered
agent Lam famina	r with, and accept the obliq	gations of, Section 607.0505, Flori	da Statutes.	months about the all objects. The body according	tro appointment as registeres
SIGNATURE Signature 1	yoed or printed name of registered as	gent and time if applicable (NOTE: I	Registered Agent signature requ	ired when reinstating)	DATE
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
noue <b>D</b>		DELETE	. 1.1 TITLE	PResident	Change Addition
	IGLIERI, CHARLES		1.2 NAME	LESLIE NIPFE	d
	2 W. DIXIE HIGHWAY		1.3 STREET ADDRESS	9521 NW QC	-
CHT-ST-ZIP NORT	TH MIAMI FL 33180		1.4 CITY - ST - ZIP	Pemberke Pine	5 61 55024
TITLE		DELETE	2.1 TITLE	TREASURE	☐ Change ★ Addition
NAME			2.2 NAME	HOPE BOXYGLIER,	
STREET ADDRESS			2.3 STREET ADDRESS	059 woodgate CIA.	
CHY SI ZIP	11. 11.27(1.0) M.175117778.000,		2. 4 CITY - ST - ZIP	Sun Rice , F1 333	16
THE		DELETE	3.1 TITLE	•	Change Addition
NAME:			3.2 NAME		
STREET ADDRESS			3.3 S"REET ADDRESS		
CHY-ST 7IP			3.4. CITY-ST-ZIP		
TELE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS.			4.3 STREET ADDRESS		
COY+SI+7IP			4.4 CITY-ST-ZIP		
THE		DELETE	5.1 TITLE		Change Addition
N2M5			5.2 NAME		05
STREET ADDRESS			5.3 STREET ADDRESS		5/10/1/
CHY+S1+2IP			5.4 CITY-ST-ZIP		2/1/7
1011		☐ DELETE	6.1 TITLE		Change Addition
RAM.			6.2 NAME		
SEREET ADDRESS.			6.3 STREET ADDRESS		4.4.
C11 Y + \$1 + 7E1			6.4 CITY-ST-ZIP	L.	Sk des 165
		at a state of the		d in Section 119.07(3)(i), Florida Statutes.	Literature and its short than

Ide 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 armusi 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 efficient 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 Lethanged, or on an attachment with an address.

CICALATURE.

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNARD OFFICER OR DIRECTO

1-21-97

365. 433.479