


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90072 001 ***150.00

0346332

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000080629 1. Corporation Name IN LINE COMMUNICATIONS, INC.			
Principal Place of Business 560 NE 20TH AVENUE DEERFIELD BEACH FL 33341		Mailing Address 560 NE 20TH AVENUE DEERFIELD BEACH FL 33341	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent DEAN, HENRY ONE SOUTH OCEAN BLVD SUITE 210 BOCA RATON FL 33432		10. Name and Address of New Registered Agent 81 Name DEAN, HENRY CPA 82 Street Address (P.O. Box Number is Not Acceptable) DEER IDA PROFESSIONAL DISTRICT 83 251 N.E. Dixie Blvd 84 City DEER BEACH FL 85 Zip Code 33444	
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] CPA DATE 1/11/99 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE P NAME WIENCEK, MARK STREET ADDRESS 560 NE 20TH AVENUE CITY-ST-ZIP DEERFIELD BEACH FL 33341 [Delete] [Delete] [Delete] [Delete] [Delete] [Delete] [Delete] [Delete]		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP [Change] [Addition] [Change] [Addition] [Change] [Addition] [Change] [Addition] [Change] [Addition] [Change] [Addition] [Change] [Addition] [Change] [Addition]	

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99 561-272-1162
Date Daytime Phone #

CR2E034 (1/1/98)