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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500080629

1. Corporation Name

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

02-23-1999 90072 001 ***150.00

IN LINE	COMMUNICATIONS, INC.				Y ALTAN YENN AANNA ANNA NORTA NAN TARK
				{	
Principal Place	e of Business	Mailing Address			•
560 NE 20TH AVENUE 560 NE 20TH AVENUE			•	ĺ	
DEERFIELD BEACH FL 33341 DEERFIELD BEACH FL 33341			l	DO NOT WRITE IN	THIS SPACE
ļ				3. Date Incorporated or Qualifed	
				10/17/1995	ĺ
2. Principal P	tace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0618747	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current ye	
24	25		30	Personal Property Tax.	¥Yes □No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Regist	tered Agent
054	AL MENDY		81 Name D	my /rur.	PA
	N, HENRY			ress (P.O. Box Number is Not Acceptable)	
	SOUTH OCEAN BLVD) JET	174 PROFESSIONAL D	ISTRICT
	E 210		83 251	NO Dear BI	
800	A RATON FL 33432		84 City.	70.6. 5.27. 00	85 Zip Code
L	<u>-</u> <u>-</u>		Des	RAY BUH;	FL 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 familier with and accept the obligations of, Section 607.0505, Florida Statutes.					
agent. I a	m familiar with and accept the oblig	ations of, Section 607,0505, Florid	da Statutes.	955410 0, 4.1501010. , 110105, 55500, 55	
SIGNATURE		L CPA			/11/9
	Signature, type or printed name of registered age		Registered Agent signature require	ed when reinstatung)	· ·
12.	OFFICERS A	ND DIRECTORS	13.	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
12.	P OFFICERS A		13. 1.1 TITLE	ed when reinstatung)	· ·
12. TITLE NAME	P WIENCEK, MARK	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME	ed when reinstatung)	RS AND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS	P WIENCEK, MARK 560 NE 20TH AVENUE	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ed when reinstatung)	RS AND DIRECTORS IN 12
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14. I hereby certify that the information supplied with this filing bloes 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 supplied ental 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 acceiver 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: