
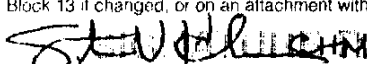


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000094640 (6) 1. Corporation Name INTERNATIONAL CELLCOMM CORPORATION			
Principal Place of Business 1555 HOWELL BRANCH RD SUITE C-201 WINTER PARK FL 32789		Mailing Address 565 INDIAN BAY BLVD MERRITT ISLAND FL 32953-7806 US	
2. Principal Place of Business 21 1415 CHAFFEE DR. Suite, Apt. #, etc. 22 SUITE 1 City & State 23 TITUSVILLE, FLORIDA Zip 24 32780 Country 25 USA		2a. Mailing Address 26 1415 CHAFFEE DR. Suite, Apt. #, etc. 27 SUITE 1 City & State 28 TITUSVILLE, FLORIDA Zip 29 32780 Country 30 USA	
3. Date Incorporated or Qualified 12/12/1995		3a. Date of Last Report 05/01/1996	
4. FEI Number 59-3355482		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent PIERCEFIELD, DAVID 2431 ALOMA AVE SUITE 221 WINTER PARK FL 32782		10. Name and Address of New Registered Agent 81 Name DAVID PIERCEFIELD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 200 83 230 LOOKOUT PLACE 84 City MAITLAND FL 85 Zip Code 32751	
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 re-stating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KROECKER, STEPHAN V 4341 LANTERN DR TITUSVILLE FL 32796	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	D, C, CEO STEPHAN V. KROECKER 4341 LANTERN DR. TITUSVILLE, FL 32796
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GERAN, GEORGE P 565 INDIAN BAY BLVD MERRITT ISLAND FL 32953	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	D, P RICHARD K. BARNES 2905 CONWAY DR. TITUSVILLE, FL 32796
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	D, S BERNADETTE E. KROECKER 4341 LANTERN DR. TITUSVILLE, FL 32796
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  STEPHAN V. KROECKER		4/29/97 (407) 268-9689	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Use Daytime Phone #	

CR2E034 (9/96)