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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE.
Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

SIGNATURE AND TYPED

Corporation Name

DOCUMENT # P95000096626 (3)

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INTREPIN	COMMUNICATIONS.	INC.

Mailing Address Principal Place of Business 1181 LANCELOT WAY 1181 LANCELOT WAY CASSELBERRY FL 32707 CASSELBERRY FL 32707 3. Date Incorporated or Qualified 3a. Date of Last Report 12/21/1995 FET Number Applied For 2a. Mailing Address 2. Principal Place of Business 26 1241 SCMORAN BLVD Not Applicable 1241 SEMORAN BLUD \$8.75 Additional Suite, Act. 5. Certificate of Status Desired Suite, 🗷 X Fee Required 179 179 22 6. Election Campaign Financing \$5,00 May Be City & State CASSCIBELLEY, FL Trust Fund Contribution Added to Fees CASSELBERAY) 23 This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☒ No Country USA usa. 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ABRAMS, LEHN E 801 N MAGNOLIA 83 SUITE 201 ORLANDO FL 32803 Zip Code 85 84 City 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 partie Registerio Ajentagisat en co ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. P/s/T/D DELETE 1 1 TITLE TITLE JOSEW, CHAPLES L JOSLIN, CHARLES L 1.2 NAME NAME 1181 LANCELLY WAY 1181 LANCELOT WAY 1.3 STHEET ADDRESS STREET ADDRESS CASSELBEARY FL 3270 CASSELBERRY FL 32707 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition [] DELETE 2 1 Title TITLE 2.2 NAMÉ NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CHY-S1-ZIC DITY-ST-ZIP ☐ Change Addition DELETE 3 1 TIFLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CiTY-ST-ZiF CITY-ST-7IP ☐ Change ☐ Addition DELETE 4 1] 1LF 4.2 NAME NAME 43 HEE! ADDRESS STREET ADDRESS Y-ST ZIP CITY - ST - ZIP ■ Addition Change DLLETE 5 1 LE 52 МÉ NAME HEET ADOPESS 53 STREET ADDRESS 540 TY-ST-ZIP CITY-ST-ZP ☐ Change Addition DELETE 6 1 HILE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS € 4 CHY - ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this ay in report or supplied emports true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the opticipated on this ay in report or true de empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changes of on all attacts entirely an appears.

PRES DENT

CR2E034 (12/95)