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May 10, 1999 8:00 am
Secretary of State

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000097982

1. Corporation Name
INTELCOM, INC.

Principal Place of Business

500 N W 2ND AVE
#6806
MIAMI FL 33101
US

Mailing Address

P O BOX 161816
MIAMI FL 33116
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1995

4. FEI Number

65-0628399

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

**6. Election Campaign Financing
Trust Fund Contribution**

☐

\$5.00 May Be
Added to Fees

**8. This corporation owes the current year Intangible
Personal Property Tax.**

☐ Yes

☒ No

2. Principal Place of Business

21 8404 SW 103 AVE

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 MIAMI FL

24 33173

25 US

27 City & State

28 33173

29 US

30

9. Name and Address of Current Registered Agent

MCDUGALD, WILLIAM D
500 NW 2ND AVE, STE 6806
MIAMI FL 33101

10. Name and Address of New Registered Agent

81 Name MCDUGALD, WILLIAM D.

82 Street Address (P.O. Box Number is Not Acceptable)
8404 SW 103 AVE

83

84 City MIAMI

FL

85 Zip Code 33173

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME MCDUGALD, WILLIAM D
STREET ADDRESS 500 NW 2ND AVE, STE 6806
CITY-ST-ZIP MIAMI FL 33101

TITLE D
NAME MADERAL, JOHN
STREET ADDRESS 9791 NW 115TH WAY
CITY-ST-ZIP MEDLEY FL 33178

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSTD
1.2 NAME MCDUGALD, WILLIAM D
1.3 STREET ADDRESS 8404 SW 103 AVE
1.4 CITY-ST-ZIP MIAMI, FL 33173

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

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

Date

Daytime Phone #

CR2E034 (11/98)