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**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90235 021 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P95000097982

1. Corporation Name  
**INTELCOM, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 500 N W 2ND AVE #6806 MIAMI FL 33101 US

Mailing Address  
 P O BOX 161816 MIAMI FL 33116 US

3. Date Incorporated or Qualified  
**12/29/1995**

2. Principal Place of Business

21 **8404 SW 103 AVE**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 **MIAMI, FL**

28 City & State

24 **33173** 25 **US**

29 Zip Country 30 Zip Country

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 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:

**WILLIAM D. MCDUGALD**  
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

**5-18-99 (305)270-9684**  
 Date Daytime Phone #

CR2E034 (11/98)