

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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90072 040 ***150.00

DOCUMENT # P96000020720

1. Corporation Name

INTERVISION TELECOMMUNICATIONS, INC.

Principal Place of Business

14088 ICOT BLVD

~~SUITE 500~~

CLEARWATER FL 33760

US

Mailing Address

14088 ICOT BLVD

~~SUITE 500~~

CLEARWATER FL 33760

US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1996

4. FEI Number

59-3364577

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 14088 ICOT BLVD.

Suite, Apt. #, etc.

22

City & State

23 CLEARWATER FL

Zip

24 33760

Country

25 USA

2a. Mailing Address

26 14088 ICOT BLVD.

Suite, Apt. #, etc.

27

City & State

28 CLEARWATER, FL

Zip

29 33760

Country

30 USA

9. Name and Address of Current Registered Agent

JOHNSON, DANIEL P

~~3334 BRIAN RD N~~

~~PALM HARBOR FL 34685~~

14088 ICOT BLVD.

CLEARWATER, FL 33760

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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 ☐ DELETE

NAME JOHNSON, DANIEL P

STREET ADDRESS 3334 BRIAN RD N

CITY-ST-ZIP PALM HARBOR FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Treasurer & President ☒ Change ☒ Addition

1.2 NAME JOHNSON, DANIEL P.

1.3 STREET ADDRESS 14088 ICOT BLVD.

1.4 CITY-ST-ZIP CLEARWATER, FL 33760

2.1 TITLE Secretary ☐ Change ☒ Addition

2.2 NAME Redmond, John C.

2.3 STREET ADDRESS 7081 Grand National Dr. Ste. 106

2.4 CITY-ST-ZIP Orlando, FL 32819

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-26-99

727-524-3900

CR2E034 (11/98)

0414578