99 FEB 23 PH 12: 44

SPACE

85 Zip Code

Applied For Not Applicable \$8.75 Additional Fee Required **\$5.00** May Be Added to Fees

[ INo

## . 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** 

<b>DOCUMENT #</b>	P9600007721	3
1. Corporation Name	, 000000, 121	$\sim$

INTERNATIONAL GLOBAL CALL, INC.

Principal Place of	cipal Place of Business Mailing Address			1001001   10 1010 Q 1111 00111 QQ11 DD111 QQ111 10011			
7785 LAS PALMAS WAY JACKSONVILLE FL 32256 JACKSONVILLE FL 32256							
[						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified <b>09/17/1996</b>	
2. Principal Plac	e of Business	2a. Mailı	ng Address			4. FETNumber	
21		26				59-3399502	
Suite, Apt. #,	etc.	Suite, Apt #, etc			5. Certificate of Status Desired [ ]		
City & State		City 28	& State			6. Flection Campaign Financing Trast Fund Contribution	
Zip	Country	Zip	· c	ountry		8. This corporation owes the current year Intangib	
24	25	29	[30]			Personal Property Tax LTY	
	9. Name and Address of Cu	rrent Registered		ſ		10. Name and Address of New Registered Agen	
				81	Name	·	
SPIEGEL & UTRERA, P,A. 343 ALMERIA AVENUE			82	Street A	ddress (P.O. Box Number is Not Acceptable)		
j CORAL	L GABLES FL 33134			83	İ		
				84	City	FL  85	

SIGNATURE	Si valure typed or priler affector registered second and appropriate of the second sec	dicable ZMOTE E	Constern I Agont sign class.	o constante de data a CIATE		
12.	OFFICERS AND DIRECTO		<b>1</b> 3.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	20 trus President, Secretary	[ ] DELETE	1.1 TIBLE	President, Treasurer	[   Change	<b>X</b> Add t≀
NAME	SELLERS, RANDALL		1.2 NAME	KNETTLES COINT		
STREET ADDRESS	7785 LAS PALMAS WAY		13 STREET ADORESS	KNETTLES, JOHN 1785 LAS PAIMAS WAY		
C/TY-ST-ZIP	JACKSONVILLE FL 32256		14 C(T) +S*+21/	Jacksonville, FL 32256		
TITLE	SD	DELETE	2.1.1111.F	CFO	[   Change	Additio
NAME	PEEKE, GARY L		2.2 NAME	JOHNSON, CTORY		
STREET ADDRESS	7785 LAS PALMAS WAY		23 STREET ACORESS	7785 LAS PAINTS WAY		
CITY-ST-ZIP	JACKSONVILLE FL 32256		2 4 CITY-ST-ZIE	7785 LAS PALMAS WAY Jacksonville, FL 32256		
TITLE		[ ] DELFTE	3 1 THLE	1	[   Change	[ ] Addit :
NAME			3.2 NAME			
STREET ADDRESS			33 STREET ADDRESS			
CITY-ST-ZIP			34 CITY-ST-ZIF			
TITLE		[ .] DELETE	4.1 THILE	10000278	<u></u>	L JAcout
NAME			4 2 NAME	1 0000278 -02/26/99	-01088	-023
STREET ADORESS			4.3 STREET ADDRESS	****150.0	() ****1	(50.00
CITY-ST-ZIP			4.4 CITY - \$1 - 2IP			
TITLE		[ ] DELF16	5 1 TITLE		[   Change	[   Add t
NAME			5.2 NAME			
STREET ADDRESS			53 STREET ADDRESS			
CITY-ST-ZIP			54 CITY - \$1 - 212		. A	
TITLE		["] DELETE	6 1 TITLE	1	[[N] ange	[ ]////
NAME			6.2 NAME		V//22	2500
STREET ADDRESS			63 STREET ADORESS		一 グレ	/
CITY-ST-ZiP	sortify that the information consoled with this files	na may na sa sa sa	6.4 C/Ty -ST-7/P	d in Cashan 116 07/34/2 Florida Statutus 2 fudhar s	V	

I nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(r). 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, by on an attachment with an address, with all other like empowered.

SIGNATURE:

(904)3670564