FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

1135 DAIMLER DR

APOPKA FL 32712

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600090390

Corporation Name

Principal Place of Business 1135 DAIMLER DR

APOPKA FL 32712

INDUSTRIAL NETWORK COMMUNICATIONS, INCORPORATED

AFORKA FL 32	112	AFOLIA PL 32/12				DO NOT WRITE IN THIS SPACE								
							3	Date Incorp		ualifed				
2 Principal D	ace of Rusiness	failing Address	ling Address				FEI Number	-	-			App	lied For	
2. Principal Place of Business 2a. Mailing Address 26			idiinig / idai dob					59-34076				-	<u> </u>	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			uite. Apt. #. etc.				+	-			,	\$8.7	5 Ac	Iditional
27			uno, i ipii ii i				5.	Certifcate of	Status De	sired 😾		Fe	e Req	uired
City & State City & State			City & State				6.	Election Car	noaign Fin	ancino —		\$5.	00 N	May Be
23		28	•					Trust Fund		- 1 1				Fees
Zip	Country Zip			Country			8.	This corpora	tion owes	the current y	ear Inta	ngible		
24	25 29			30				Personal Pr				Yes		X Ño ∫
	9. Name and Address of Cui	1=-1		ž	_		10.	Name and	Address o	f New Regis	tered A	gent		
				81		Name								
MILLER, MICHAEL J					82 Street Add			O Boy Num	hor is Not	Accontable)				
1135 DAIMLER DR				02	82 Street Add			.O. BOX NUIT	IDEL IS NOT	Acceptable)				
APOPKA FL 32712				83				 	-		_			
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				84	1	City					FL	85	Zip C	ode
11 Pursuant	to the provisions of Sections 607	0502 and 607	1508. Florida Statute	s, the abov	/e-r	named corp	oration	n submits this	statement	for the purp	ose of	changin	g its n	egistered
office or n	to the provisions of Sections 607 egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. ligations of, S	Such change was au ection 607.0505, Flori	ithorized by ida Statutes	/ th s.	ie corporatio	on's bo	oard of direct	ors. I hereb	y accept the	appoir	itment a	is reg	istered
SIGNATURE											ATÉ	· .		
	Signature, typed or printed name of registered		<u> </u>		nt s	signature required		einstating) ADDITIONS/	CHANGER			n DIRE	CTOS	2S IN 12
12.	OFFICERS	AND DIREC	DELETE	13.	_			ADDITIONS/	CHANGES	TO OFFICE	INO AIN	Cha		Addition
TITLE	AND ED MICHAEL (1								_
NAME	MILLER, MICHAEL J			1.2 NAME										
STREET ADDRESS	1135 DAIMLER DR.			1.3 STREE										1
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NAME	MILLER, SHIRLEY A			2.2 NAME				-	-	-				
STREET ADDRESS	1135 DAMILER DR.			2.3 STREE		i								
CITY-ST-ZIP	APOPKA FL		Marie ETE	2.4 CITY-	ST-	ZIP						[] Cha	nao	Addition
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NAME	SULLIVAN, JOSPEH T			3.2 NAME										
STREET ADDRESS	909 CHRISTIE CT.			3.3 STREE	TA	DORESS								•
CITY-ST-ZIP	MACCLENNY FL			3.4. CITY-	ST-	ZIP								
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CITY-ST-ZIP			<u>.</u>	4.4 CITY-	ST-	ZIP				_,				- P3 4 1 00
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NAME				5.2 NAME										
STREET ADDRESS				5.3 STREE										Ì
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STREET ADDRESS				6.3 STREE	ET A	DDRESS				•				
CITY-ST-ZIP				6.4 CITY-5	ST-Z	ZIP								,

4. 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

TURE AND TYPED OR RINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/99 (407) 814-903

FILED

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90008 040 ***158.75

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