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

**CORPORATION** ANNUAL REPORT

1998

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TITI F NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

Block 12 or Block 13 if changed, or op an alachment with an addre-



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000021300 (3) DOCUMENT #
1. Corporation Name

INATEL COMMUNICATIONS, INC.

Mailing Address Principal Place of Business 447 GRACE AVENUE 447 GRACE AVENUE PANAMA CITY FL 32401 PANAMA CITY FL 32401 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/07/1997 2a. Mailing Address 2. Principal Place of Business Applied For 59-3435795 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State A 6. Election Campaign Financing  $\Box$ Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible X Yes 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KOEHNEMANN, ROBERT B 447 GRACE AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY FL 32401 83 84 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, typod or printed name of repistored agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change \_\_\_ Addition DELETE D 1.1 DITLE TITLE KOEHNEMANN, ROBERT B 1.2 NAME NAME **447 GRACE AVENUE** 1.3 STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32401 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition DELETE TITLE 2.1 TITLE KOEHNEMANN, LYNN C 2.2 NAME NAME 447 GRACE AVENUE 2.3 STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32401 2 4 CITY-ST-7/P CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE HARLAN, MARK 3.2 NAME NAME 447 GRACE AVENUE 3.3 STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32401 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 4.1 TITLE NAME DICK, PAUL B 4. 2 NAME 447 GRACE AVENUE STREET ADDRESS 4.3 STREET ADDRESS PANAMA CITY FL 32401 CITY-ST-ZIP 4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.4 CITY - S1 - ZIP

DELETE

DELETE

**FILED** Apr 23 1998 8:00am Secretary of State



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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

Change

Change

Addition

Addition