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

**PROFIT** CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P97000058748 (9)

**VIDEOCONFERENCING CENTER I, INC.** 

**FILED** Apr 14 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address	•		
Principal Place of Business Mailing Address  13907 WELLESFORD WAY 13907 WELLESFORD WAY TAMPA FL 33624 TAMPA FL 33624					
**************************************		IOMEO IL SOVET		. DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
	· · · · · · · · · · · · · · · · · · ·			07/07/1997	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For	
21		26		59 - 3 4 6 733 5 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	•	5. Certificate of Status Desired \$8.75 Additional	
City & State		City & State		Fee Required	
23 City & State	<del>o</del>	├─-ı ´		6. Election Campaign Financing \$5.00 May Be	
Zip	Country	<b>28</b>	Country	Trust Fund Contribution Added to Fees	
24	25	- ├-¬ '	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
e-7	9. Name and Address of Curren		701	10. Name and Address of New Registered Agent	
ALI	ERILAWYER CHARTERED	. <u>.                                   </u>	81 Name	Manton:	
- 343 ALMERIA AVENUE			Ma.	Mayran:	
	RAL GABLES FL 33134		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
00	INC GADLED IC 33134		83	- Maria Company	
			84 City	FL 85 Zip Code	
11, Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the above-named corr	poration submits this statement for the purpose of changing its registered	
office or r	egistered agent, or both, in the State	of Florida, Such change was au	thorized by the corporal	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered	
	and accept the orange			\ _ 1 ~ ~	
SIGNATURE	Signature system or product name of registered again	nt and the if applicable (NOTE:	Hegistered Agent signature requi	ired when reinstating) DATE	
12.	OFFICERS AND	<del></del>	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	Change Addition	
NAME	mahtani, manu g		1.2 NAME		
STREET ADDRESS	13907 WELLESFORD WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33624	***************************************	1.4 CITY - ST - ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition	
NAME	MAHTANI, SUNDRI M		2.2 NAME		
STREET ADDRESS	13907 WELLESFORD WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33624		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	Change Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		<del></del>	3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition	
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP		Par age	4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE	Change Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. Thereby 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.

CIGNATURE.