## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P97000078505 (9)

## INTELEDIGM COMMUNICATIONS INC.

| Principal Place of Business             | Mailing Address                         |
|---|---|
| 10448 ST TROPEZ PLACE<br>TAMPA FL 33615 | 10448 ST TROPEZ PLACE<br>TAMPA FL 33615 |

**FILED** Jul 16 1998 8:00am Secretary of State



|   | :   |  |  |  |
|---|---|--|--|--|
| Principal Plac  | e of <b>B</b> usiness   | Mailing Address  |  | T INSTITUTE THE TRACE OF THE PROPERTY OF THE P |
| 10448 ST TRO<br>TAMPA FL 336  | · - ·   | 10448 ST TROPEZ PLACE<br>TAMPA FL 33615                                |  | DO NOT WRITE IN THIS SPACE   |
|   |   |  |  | 3. Date Incorporated or Qualified  |
|   |   |  |  | 09/10/1997   |
| 2. Principal F  | Place of Business   | 2a. Mailing Address  |  | 4. FEI Number Applied For  |
| 21 1044   | 8 St. Trypez Pl   | 26 10448 St. Tr  | pez Pl                                       | 59-3466649 Not Applicable  |
| Sulte, Apt.   |   | Suite, Apt. #, etc.  |  | 5. Certificate of Status Desired 58.75 Additional Fee Required   |
| City & Star<br>23 \ \ an-   | par FL  | City & State   | FL   | 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  |
| Zip 3.2   | Country   | Zip  | Country                                      | 8. This corporation owes or has paid the current year Intangible   |
| Zip 33 <u>X</u>   | 15 25 USA   | 29 33415   | 30 USA                                       | Personal Property Tax due June 30. Yes X No  |
|   | 9. Name and Address of Curr   | ent Registered Agent   | 041 51                                       | 10. Name and Address of New Registered Agent   |
| EGAN, MARY ELAINE 10448 ST TROPEZ PLACE TAMPA FL 33615  81 Name Mary 82 Street Addres 10448 ST TROPEZ PLACE |   |  |  | dress IP.Q. Box Number Is Not Acceptable) 448 34. Trace Pl   |
| ( r.wa)   | 11 A F 500 10   |  | 83   | ( C  |
|   |   |  | 84 City                                      | Top   7in Code   |
|   |   |  | 84 City—                                     | un ps FL 85 Zip Code 38615   |
| 11. Pursuan   | t to the provisions of sections 607.05  | 02 and 607.1508, Florida Statute                                       | s, the above-named corp                      | poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered   |
| office or<br>agent. I   | registered agent, or both, in the Sta<br>am familiar with, and accept the obl | te of Florida, Such change was a<br>igations of, section 607,0505. Flo | authorized by the corpora<br>orida Statutes. | ation's board of directors, I hereby accept the appointment as registered  |
| SIGNATURE   |   | Near   |  | 7/8/58   |
| SIGNATORE   | Signature, typed or printer name of registered a                              | pent and title applicable. (NC   | TE: Registered Agent signalure re            |  |
| 12.   |   | AND DIRECTORS  | 13.  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| TITLE   | D   | DELETE   | 1.1 TITLE                                    | Nary Egen Lights Dehange Addition 10448 St. Topice Pl Tanger, Pt 33215   |
| NAME  | EGAN, MARY ELAINE   |  | 1.2 NAME                                     | Tour el  |
| STREET ADDRESS  | 10448 ST TROPEZ PLACE   |  | 1.3 STREET ADDRESS                           | 10448 St. Capter   |
| CITY-ST-ZIP   | TAMPA FL 33615  |  | 1.4 CITY-ST-ZIP                              |  |
| TITLE   |   | L_] DELETE   | 2.1 TITLE                                    | Change Addition  |
| NAME  | 1   |  | 2.2 NAME                                     |  |
| STREET ADDRESS  |   |  | 2.3 STREET ADDRESS                           |  |
| CITY-ST-ZIP   |   |  | 2.4 CITY-ST-ZIP                              | •  |
| TITLE   | [   | L] DELETE  | 3.1 TITLE                                    | Change Addition  |
| NAME  |   |  | 3.2 NAME                                     |  |
| STREET ADDRESS  |   |  | 3.3 STREET ADDRESS                           |  |
| CITY-ST-ZIP   | ļ <del>.</del>  |  | 3.4 CITY-ST-ZIP                              |  |
| TITLE   | ļ <i>,</i>  | DELETE   | 4.1 TITLE                                    | Change Addition  |
| NAME  | ] ;   |  | 4.2 NAME                                     |  |
| STREET ADDRESS  |   |  | 4.3 STREET ADDRESS                           |  |
| CITY-ST-ZIP   |   |  | 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   | L <del>.,</del>   | 5  | 6.4 CITY-ST-ZIP                              | polion 440 07/21/i). Florida Statutos I further podify that the information  |

Interest certify that the mornished supplied with this liting does not quality 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.

STEMPONIUS LU SALVICE D

7/5/50

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