

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).

FILED

Sep 14 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE,  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000101020 (0)  
1. Corporation Name

INTERNCOM, INC.



Principal Place of Business

Mailing Address

~~4330 SHERIDAN STREET SUITE 202-B  
HOLLYWOOD FL 33021~~

~~4330 SHERIDAN STREET SUITE 202-B  
HOLLYWOOD FL 33021~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 4330 Sheridan ST #202B

26 82 N. University drive  
c/o MOYAL & Associates

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State  
Hollywood FL

28 City & State  
Pembroke Pines FL

24 Zip  
33021

29 Zip  
33024

30 Country  
USA

3. Date Incorporated or Qualified

12/01/1997

4. FEI Number

65-0799452

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SERFATY, CHARLES S  
4330 SHERIDAN STREET SUITE 202-B  
HOLLYWOOD FL 33021

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
President  
Roger Choukroun  
5161 Collins Avenue #932  
MIAMI Beach FL 33140

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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.

SIGNATURE:

Roger Choukroun  
7/12/98 917-833-9584

CR2E034 (5/98)

2

**82 N. UNIVERSITY DRIVE  
PEMBROKE PINES, FLORIDA 33024**

**July 23, 1998**

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

RE: ANNUAL REPORT

**Dear Sir or Madam:**

INTERNCOM, INC IS REQUESTING THAT YOU ACCEPT THEIR CHECK FOR \$ 150.00 FOR THEIR 1998 ANNUAL FILING. THEY WERE NOT AWARE OF THE REQUIREMENT OF THE STATE OF FLORIDA, BEING FRENCH NATIONAL ON A BUSINESS VISA IN THE USA. THERE ARE CHANGING THEIR MAILING ADDRESS TO AVOID THIS PROBLEM IN THE FUTURE. THEIR ATTORNEY DID NOT TRANSMIT THE FORM TIMELY.

WE THANK YOU IN ADVANCE FOR YOUR UNDERSTANDING.

Sincerely,

PATRICK R. MOYAL  
ACCOUNTANT FOR INTERNCOM, INC

**TEL: 954-430-3930**  
**FAX: 954-430-3939**  
**EMAIL: PMOYAL@MSN.COM**