

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90002 007 ***150.00

DOCUMENT # P98000046560

1. Corporation Name

INTELECHOICE INTERNATIONAL, INC.

Principal Place of Business

**110 EAST BROWARD BLVD
SUITE 1101
FORT LAUDERDALE FL 33301**

Mailing Address

**110 EAST BROWARD BLVD
SUITE 1101
FORT LAUDERDALE FL 33301**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1998

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

24

29

Zip

Country

Zip

Country

25

30

4. FEI Number

65-0848325

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, DENNIS D ESQ.
110 SOUTHEAST 6TH STREET
15TH FLOOR
FT LAUDERDALE FL 33301**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE **C/D/CEO** ☐ Change ☒ Addition
1.2 NAME **EGAN, MICHAEL S**
1.3 STREET ADDRESS **333 EAST LAS OLAS BLVD**
1.4 CITY-ST-ZIP **FT LAUDERDALE FL 33301**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE **D/VC** ☐ Change ☒ Addition
2.2 NAME **TRAINA, JOSEPH**
2.3 STREET ADDRESS **110 EAST BROWARD BLVD**
2.4 CITY-ST-ZIP **FT LAUDERDALE FL 33301**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE **S/T/D** ☐ Change ☒ Addition
3.2 NAME **ARTHUR, ROSALIE**
3.3 STREET ADDRESS **333 EAST LAS OLAS BLVD**
3.4 CITY-ST-ZIP **FT LAUDERDALE FL 33301**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **EGAN, JACQUELINE**
4.3 STREET ADDRESS **333 EAST LAS OLAS BLVD**
4.4 CITY-ST-ZIP **FT LAUDERDALE FL 33301**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE: *Rosalie V. Arthur* Rosalie V. Arthur

954-769-5944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)