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May 13, 1999 8:00 am
Secretary of State

05-13-1999 90024 006 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *P98000056140*
1. Corporation Name
INTER ACTIVE COMMUNICATION PARTNERS, INC.

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <i>1475 E. Sunrise Blvd</i> Suite, Apt. #, etc. 22 <i>826</i> City & State 23 <i>FT. Lauderdale FL.</i> Zip Country 24 <i>33304</i> 25 <i>USA</i>		2a. Mailing Address 26 <i>811 SE 22 Ave</i> Suite, Apt. #, etc. 27 <i>8</i> City & State 28 <i>Pompano Bch, Fla</i> Zip Country 29 <i>33062</i> 30 <i>USA</i>		3. Date Incorporated or Qualified <i>6/23/98</i>		4. FEI Number <i>65-0844532</i>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name <i>Anthony C Solowsky</i>	
82 Street Address (P.O. Box Number is Not Acceptable) <i>811 SE 22 Ave # 8</i>	
83 <i>Pompano Bch</i>	
84 City	85 Zip Code <i>FL 33062</i>

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 *Anthony C Solowsky* *Anthony C Solowsky* X *4/27/99*
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 NAME STREET ADDRESS CITY - ST - ZIP	<i>DIRECTOR</i> <i>Lonnie ADAMS</i> <i>1442 SE 3 ST</i> <i>Pompano Bch, Fla 33060</i>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<i>Director</i> <i>Lonnie ADAMS</i> <i>1442 SE 3 ST</i> <i>Pompano Bch, FL 33060</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>PRESIDENT</i> <i>Anthony C. Solowsky</i> <i>811 SE 22 Ave # 8</i> <i>Pompano Bch, FL 33062</i>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<i>President</i> <i>Anthony C. Solowsky</i> <i>811 SE 22 Ave # 8</i> <i>Pompano Bch, FL 33062</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<i>Registered Agent</i> <i>Anthony Solowsky</i> <i>811 SE 22 Ave # 8</i> <i>Pompano Bch FL 33062</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 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 *Anthony C Solowsky* *Anthony C Solowsky* *4/27/99* *954-467-7178*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #