

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  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90092 033 \*\*\*150.00

DOCUMENT # S63940

1. Corporation Name  
PHONE INTERACTIVE COMMUNICATIONS CORP.

Principal Place of Business

600 SOUTH DIXIE HWY  
STE 202  
BOCA RATON FL 33432  
US

Mailing Address

600 SOUTH DIXIE HWY  
STE 202  
BOCA RATON FL 33432  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/03/1991

4. FEI Number

65-0268866

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 the current year Intangible

Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 Suite 210

City & State

23

Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 Suite 210

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

KEMP, PHILLIP  
600 DIXIE HWY #202 Change to Suite 210  
1499 W. PALMETTO PARK RD. #420  
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

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)

4/16/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME KEMP, PHILLIP

STREET ADDRESS 600 S DIXIE HWY #202

CITY-ST-ZIP BOCA RATON FL

TITLE VPRO ☐ DELETE

NAME DRAXL, KURT

STREET ADDRESS 600 S DIXIE HWY #202

CITY-ST-ZIP BOCA RATON FL

TITLE D ☐ DELETE

NAME SUTTON, DONALD

STREET ADDRESS 600 S DIXIE HWY, STE 202

CITY-ST-ZIP BOCA RATON FL 33432

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

Suite 210

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Suite 210

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Suite 210

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99

561-391-9351

Date

Daytime Phone #

CR2E034 (11/98)

0339176