

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

FILED
May 21 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 # **V39146** (8)
1. Corporation Name
INDEPENDENT COMMUNICATIONS SYSTEMS, INC.



Principal Place of Business 6001-27 ARGYLE FOREST BLVD SUITE 9 JACKSONVILLE FL 32244 US	Mailing Address 6001-27 ARGYLE FOREST BLVD SUITE 9 JACKSONVILLE FL 32244 US
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 P230 WINDY PINE LANE Suite, Apt. #, etc. 22 City & State 23 JACKSONVILLE, FL Zip 24 32244 Country 25 US		2a. Mailing Address 26 P.O. BOX 440504 Suite, Apt. #, etc. 27 City & State 28 JACKSONVILLE, FL Zip 29 32222 Country 30 US		3. Date Incorporated or Qualified 05/27/1992	4. FEI Number 59-3124564 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SMITH, RICHARD A 23 FOX VALLEY DRIVE ORANGE PARK FL 32073		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 8230 Windy Pine Lane 84 City Jacksonville FL 85 Zip Code 32244	
---	--	--	--

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 607.0509, Florida Statutes.

SIGNATURE **RICHARD A. SMITH** **Richard A. Smith** **5/18/98**
Signature of person of record of the registered agent and title of registered agent (if applicable) Registered Agent signature required when reappointing DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME SMITH, RICHARD A		1.2 NAME	
STREET ADDRESS 23 FOX VALLEY DRIVE		1.3 STREET ADDRESS 8230 Windy Pine Lane	
CITY-ST-ZIP ORANGE PARK FL 32072		1.4 CITY-ST-ZIP JACKSONVILLE FL 32244	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME WHITLEY, DAVID		2.2 NAME	
STREET ADDRESS 5135 MCPHERSON ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32240		2.4 CITY-ST-ZIP 32205	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 **RICHARD A. SMITH** **Richard A. Smith** **May 27, 1998**

CP2E034 (10/97)