

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TAMPA B. WALKER
GOVERNOR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **V64485**

(8)

95 MAY -1 AM 11:41

INTERNATIONAL TELECOM GROUP, INC.

3200 N.E. 14TH ST. CAUSEWAY
POMPANO BEACH FL 33062

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POMPANO BEACH FL 33062

2. Filing Date: 09/17/1992		2a. Mailing Address: 02/18/1994	
21. Filing Fee: 65-0367596		2b. Mailing Address: 02/18/1994	
22. Filing Fee: \$8.75 Additional Fee Required		2b. Mailing Address: 02/18/1994	
23. Filing Fee: \$5.00 May Be Added to Fees		2b. Mailing Address: 02/18/1994	
24. Filing Fee: \$199.00		2b. Mailing Address: 02/18/1994	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

81. Name:	
82. Street Address (Not Box Number):	
83. City:	
84. State:	FL
85. Zip Code:	

11. This report is the property of the Secretary of State, Florida Department of State. The filer hereby certifies that the information contained herein is true and correct. The filer hereby certifies that the information contained herein is true and correct. The filer hereby certifies that the information contained herein is true and correct.

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
PD BRADBURY, ALEXANDER M 3200 N.E. 14TH ST. CAUSEWAY FT. LAUDERDALE FL		1. NAME 2. ADDRESS 3. CITY 4. STATE 5. ZIP CODE	
		6. NAME 7. ADDRESS 8. CITY 9. STATE 10. ZIP CODE	
		11. NAME 12. ADDRESS 13. CITY 14. STATE 15. ZIP CODE	
		16. NAME 17. ADDRESS 18. CITY 19. STATE 20. ZIP CODE	
		21. NAME 22. ADDRESS 23. CITY 24. STATE 25. ZIP CODE	
		26. NAME 27. ADDRESS 28. CITY 29. STATE 30. ZIP CODE	
		31. NAME 32. ADDRESS 33. CITY 34. STATE 35. ZIP CODE	
		36. NAME 37. ADDRESS 38. CITY 39. STATE 40. ZIP CODE	
		41. NAME 42. ADDRESS 43. CITY 44. STATE 45. ZIP CODE	
		46. NAME 47. ADDRESS 48. CITY 49. STATE 50. ZIP CODE	

14. The filer hereby certifies that the information supplied with this filing is voluntarily furnished and is true and correct. The filer hereby certifies that the information supplied with this filing is true and correct. The filer hereby certifies that the information supplied with this filing is true and correct.

SIGNATURE:

[Signature]
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICIAL OR DIRECTOR

1-25-95 305-946-3000