


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

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90117 049 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000003188**

1. Corporation Name  
**INTECOM INC.**

Principal Place of Business 5057 KELLER SPRINGS ROAD DALLAS TX 75248	Mailing Address TAX DEPT. 5057 KELLER SPRINGS ROAD DALLAS TX 75248 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Addison, TX	28 City & State Addison, TX
24 Zip 75001-5908	25 Country USA
29 Zip 75001-5908	30 Country USA

3. Date incorporated or Qualified 06/24/1996	
4. FEI Number 04-2892472	Applied For <input type="checkbox"/> 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 the current year Intangible Personal Property Tax: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code FL

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	COBD	<input type="checkbox"/> DELETE
NAME	PAYER, JACQUES	
STREET ADDRESS	19 AVENUE CARNOT, 91348 MASSY CEDEX	
CITY-ST-ZIP	FRANCE	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DUMOLARD, JEAN-PIERRE	
STREET ADDRESS	RUE J.P. TIMBAUD - B.P. 26, BOIS-D'ARCY	
CITY-ST-ZIP	CEDEX 78392 FRANCE	
TITLE	CEOP	<input type="checkbox"/> DELETE
NAME	PLATT, GEORGE	
STREET ADDRESS	7305 MCKAMY BOULEVARD	
CITY-ST-ZIP	DALLAS TX 75248	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BOULIN, JEAN FRANCOIS	
STREET ADDRESS	RUE JP TIMBAUD-B.P. 26, BOIS-D'ARCY	
CITY-ST-ZIP	CEDEX 78392 FRANCE 75248	
TITLE	VPCS	<input type="checkbox"/> DELETE
NAME	O'BRIEN, GEORGE A	
STREET ADDRESS	5353 KELLER SPRINGS RD, #2214	
CITY-ST-ZIP	DALLAS TX 75248	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	5715 Moss Creek Court
5.4 CITY-ST-ZIP	DALLAS, TX. 75252
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *George A. O'Brien* **SIGNATURE REQUIRED** George A. O'Brien 4/16/99 (972) 8558442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)