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**May 13 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P35310

(2)

1. Corporation Name
ADDCOM COMMUNICATIONS, INC.



Principal Place of Business
**143 S. GLENDALE AVE. 9TH FLOOR
GLENDALE CA 91205**

Mailing Address
~~143 S. GLENDALE AVE. 9TH FLOOR
GLENDALE CA 91205-1167~~
**1600 Promenade CTR, # 1500
Richardson, Tx 75080**

3. Date Incorporated or Qualified **09/12/1991** 3a. Date of Last Report **08/08/1996**
4. FEI Number **95-4331010** Applied For or 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301**

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) DATE

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input checked="" type="checkbox"/> DELETE
NAME	LONSTEIN, CHARLES TONY	
STREET ADDRESS	1714 GLADYS DR.	
CITY-ST-ZIP	GLENDALE CA 91206	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LONSTEIN, DANIEL G.	
STREET ADDRESS	330 E. FAIRVIEW #3	
CITY-ST-ZIP	GLENDALE CA 91206	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	LONSTEIN, AVIRAM	
STREET ADDRESS	1714 GLADYS DR.	
CITY-ST-ZIP	GLENDALE CA 91206	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PAUL R. MIWER	
1.3 STREET ADDRESS	1600 PROMENADE CTR. 15TH FL.	
1.4 CITY-ST-ZIP	RICHARDSON, TX 75080	
2.1 TITLE	D/C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JACK W. MATZ	
2.3 STREET ADDRESS	1600 PROMENADE CTR., 15TH FL.	
2.4 CITY-ST-ZIP	RICHARDSON, TX 75080	
3.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	AVIRAM LONSTEIN	
3.3 STREET ADDRESS	143 S. GLENDALE AVE., 3RD FL.	
3.4 CITY-ST-ZIP	GLENDALE, CA 91205	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HAN H. JOHNSON	
4.3 STREET ADDRESS	1600 PROMENADE CTR., 15TH FL.	
4.4 CITY-ST-ZIP	RICHARDSON, TX 75080	
5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DAVID DARNELL	
5.3 STREET ADDRESS	1600 PROMENADE CTR., 15TH FL.	
5.4 CITY-ST-ZIP	RICHARDSON, TX 75080	
6.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DANIEL LONSTEIN	
6.3 STREET ADDRESS	143 S. GLENDALE AVE., 3RD FL.	
6.4 CITY-ST-ZIP	GLENDALE, CA 91205	

14. I do 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 *[Signature]* *[Signature]* (999) 211-1122

CR2E034 (9/96)