

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

35 MAR -7 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000020109 (2)

1. Corporation Name
M-COM NETWORK SYSTEMS, CORPORATION

Principal Place of Business Mailing Address
4382 LONGCHAMP DRIVE 4382 LONGCHAMP DRIVE
SARASOTA FL 34235 SARASOTA FL 34235

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/16/1994 3a. Date of Last Report N/A

4. FEI Number 65-0473863 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business	2a. Mailing Address
21 1748 INDEPENDENCE BLVD	25 1748 INDEPENDENCE BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 SUITE E-1	27 SUITE E-1
City & State	City & State
23 SARASOTA, FL	28 SARASOTA, FL
Zip Country	Zip Country
24 34234 SARASOTA	29 34234 SARASOTA

9. Name and Address of Current Registered Agent
MCKINNEY, MICHAEL W
4382 LONGCHAMP DRIVE
SARASOTA FL 34235

10. Name and Address of New Registered Agent

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

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 _____ DATE _____
Signature typed or printed name of registered agent and 104 if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCKINNEY, MICHAEL W
STREET ADDRESS	4382 LONGCHAMP DRIVE
CITY - ST - ZIP	SARASOTA FL 34235
TITLE	STD
NAME	MCKINNEY, BARBARA L
STREET ADDRESS	4382 LONGCHAMP DRIVE
CITY - ST - ZIP	SARASOTA FL 34235
TITLE	D
NAME	MCKINNEY, H. LEWIS
STREET ADDRESS	407 ALTAIR ROAD
CITY - ST - ZIP	VENICE FL 34293
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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: Sandra B. Morhart BARBARA MCKINNEY 3/1/95 359-9283
Signature typed or printed name of signed officer or director (NOTE: Registered Agent signature required when reinstating) Vice President
and Chief Operating Officer