

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

CORPORATION ANNUAL REPORT 1995



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

**APPROVED AND FILED**  
95 MAY -1 PM 3:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 639742 (6)  
1. Corporation Name  
**AIRCOM COMMUNICATIONS, INC.**

Principal Place of Business Mailing Address  
2178 10TH STREET SARASOTA FL 34237-3412  
2178 10TH STREET SARASOTA FL 34237-3412

000001515080  
-06/16/95--01037--019  
\*\*\*\*200.00 \*\*\*\*200.00  
DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		10/15/1979		04/26/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-1961577		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23		28		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip		Country		29		30	
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GOFF, LUTHER A. 2178 10TH ST. SARASOTA, FL 34237				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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOFF, AMBROSIA M	1.2 NAME	
STREET ADDRESS	847 HUDSON AVE	1.3 STREET ADDRESS	
CITY, ST, ZIP	SARASOTA, FL 00000	1.4 CITY, ST, ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOFF, KENNETH C	2.2 NAME	
STREET ADDRESS	847 HUDSON AVE	2.3 STREET ADDRESS	
CITY, ST, ZIP	SARASOTA, FL 00000	2.4 CITY, ST, ZIP	
TITLE	PTD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOFF, LUTHER A	3.2 NAME	
STREET ADDRESS	847 HUDSON AVE	3.3 STREET ADDRESS	
CITY, ST, ZIP	SARASOTA, FL 00000	3.4 CITY, ST, ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOFF, SHAUNE E.	4.2 NAME	
STREET ADDRESS	847 HUDSON AVENUE	4.3 STREET ADDRESS	
CITY, ST, ZIP	SARASOTA FL	4.4 CITY, ST, ZIP	
TITLE	DV	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOFF, JAMES E.	5.2 NAME	
STREET ADDRESS	847 HUDSON AVE	5.3 STREET ADDRESS	
CITY, ST, ZIP	SARASOTA FL	5.4 CITY, ST, ZIP	
TITLE	<b>REMITTED BY MAY 1</b>	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 do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 attorney 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 (as applicable) of an official filing with an address.

SIGNATURE: *[Signature]* DATE: 5-19-95 (13) 955-7106