

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY - 1 PM 1:37

DOCUMENT # F93000005473 (4)

1. Corporation Name

COMPU-COMM ELECTRONICS, INC.

Principal Place of Business

Mailing Address

10 EDJIL DR
NEWARK DE 19713

10 EDJIL DR
NEWARK DE 19713

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/02/1993

3a. Date of Last Report

10/13/1994

4. FEI Number

51-0351518

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

6. This corporation has liability for intangible tax under S. 199.036,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PROBERT, DANIEL C
3728 FLAGLER AVENUE
KEY WEST FL 33040-4529

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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

(Type or print name of registered agent and the # applicable)

(NOTE: Registered Agent signature required when registering)

DATE

24 April 1995

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
LEWIS, RICHARD E
10 EDJIL DRIVE
NEWARK DE 19713

1 TITLE Change Addition
2 NAME
3 STREET ADDRESS
4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

RECEIVED DEPT OF STATE MAY 1

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 110.07(3)(g), 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]

RICHARD E. LEWIS

4/24/95

302 366 8555

(SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR)

(Date)

(Telephone Number)