


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Jul 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93546 (2)
1. Corporation Name
SER-COM, INC.



Principal Place of Business 2222 S COMBEE RD UNIT 9 P O BOX 8081 LAKELAND FL 33802	Mailing Address 2222 S COMBEE RD UNIT 9 P O BOX 8081 LAKELAND FL 33802
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3030 Waterfield lane Suite, Apt. #, etc. 22 City & State Lakeland, FL Zip FL		2a. Mailing Address 26 P.O. Box 8081 Suite, Apt. #, etc. 27 City & State Lakeland Zip 33802 Country USA		3. Date Incorporated or Qualified 07/29/1982		3a. Date of Last Report 05/31/1996	
				4. FEI Number 59-2214302		Applied For 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 or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent HEAPE, THOMAS E. 906 WEST MONROE STREET PLANT CITY FL 33566				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 3610 JACQUE LEE LANE 83 84 City Lakeland 85 State FL Zip Code 33803			
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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 _____
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	V	<input type="checkbox"/> DELETE		11 TITLE	President Vice-President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HEAPE, THOMAS E			12 NAME	Thomas E. Heape		
STREET ADDRESS	906 W MONROE ST			13 STREET ADDRESS	3610 JACQUE LEE LANE		
CITY-ST-ZIP	PLANT CITY, FL 00000			14 CITY-ST-ZIP	Lakeland, FL 33803		
TITLE	P	<input type="checkbox"/> DELETE		21 TITLE	President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HEAPE, KENETHA S.			22 NAME	Kenetha S. Heape		
STREET ADDRESS	906 WEST MONROE STREET			23 STREET ADDRESS	3610 JACQUE LEE LANE		
CITY-ST-ZIP	PLANT CITY, FL 00000			24 CITY-ST-ZIP	Lakeland, FL 33803		
TITLE		<input type="checkbox"/> DELETE		31 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				32 NAME			
STREET ADDRESS				33 STREET ADDRESS			
CITY-ST-ZIP				34 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		41 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 CITY-ST-ZIP			

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: Kenetha S. Heape 7-17-97 (941) 663-9998

CR2E034 (4/97)