

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90097 036 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000004712

1. Corporation Name
MICOMM SERVICES, INC.



Principal Place of Business 4001 MCEWEN STE. 200 DALLAS TX 75244 US	Mailing Address 4001 MCEWEN STE 200 DALLAS TX 75224 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2121 Precinct Line Road Suite, Apt. #, etc. 22 City & State 23 Hurst, Texas Zip 24 76054 Country 25 USA	2a. Mailing Address 26 2121 Precinct Line Road Suite, Apt. #, etc. 27 City & State 28 Hurst, Texas Zip 29 76054 Country 30 USA
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3. Date Incorporated or Qualified 09/13/1996	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 75-2666419	
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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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
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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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JENSEN, RONALD L		1.2 NAME Jensen, Ronald L.	
STREET ADDRESS 4001 MCEWEN		1.3 STREET ADDRESS 2121 Precinct Line Road	
CITY-ST-ZIP DALLAS TX 75224		1.4 CITY-ST-ZIP Hurst, Texas 76054	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOWARD, RONALD W		2.2 NAME Howard, Ronald W.	
STREET ADDRESS 4001 MCEWEN		2.3 STREET ADDRESS 2121 Precinct Line Road	
CITY-ST-ZIP DALLAS TX 75224		2.4 CITY-ST-ZIP Hurst, Texas 76054	
TITLE TD	<input type="checkbox"/> DELETE	3.1 TITLE STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRIEDMAN, GARY L		3.2 NAME Friedman, Gary L.	
STREET ADDRESS 4001 MCEWEN		3.3 STREET ADDRESS 2121 Precinct Line Road	
CITY-ST-ZIP DALLAS TX 75224		3.4 CITY-ST-ZIP Hurst, Texas 76054	
TITLE P	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PIKOFF, DAVID M		4.2 NAME	
STREET ADDRESS 4001 MCEWEN		4.3 STREET ADDRESS	
CITY-ST-ZIP DALLAS TX 75224		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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, with all other like empowered.

SIGNATURE: _____

RECEIVED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Gary L. Friedman

4/27/99

Date

817 428-4200

Daytime Phone #

CR2E034 (1/98)