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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J91484

(2)

NAVCOM TECHNOLOGIES INC.

FILED
Apr 16 1998 8:00am
Secretary of State



Principal Place	e of Business	Mailing Address		T CARACLE ON ENTRE THAIL ON A SOUND BIRL BURN WH	1 HEBRET ONE EITEL HAM DARDE HOND TING BEGIN WIND DEUT DEUT DIEN OND 1000.	
201 INTERNATIONAL DR. #755 P.O. BOX #71		201 INTERNATIONAL DR. #755 P.O. BOX 971				
CAPE CANAVERAL FL 32920		CAPE CANAVERAL FL 32920		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified		
9 Principal D	long of Duciness	I a. Ad-III- Add		09/09/1987		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
Suite, Apt. #, etc.		26		59-2840966	Not Applicable	
22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zιρ	Country	Zip	Country	8. This corporation owes or has paid the cu		
24	25		30		Yes No	
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent NORWCH WHILIAM G 81 Name						
NORWICH, WILLIAM G.				Y C. PSIMARNOS		
45 SOUTH ATLANTIC AVENUE			82 Street A	ddress (P.O. Boy Murpher is Not Acceptable)		
COCOA BEACH FL 32931			20/	INTERNATIONA DR # 755		
83						
			84 City		85 Zip Code	
LADE CANAVERIN PL FL 22 220						
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						
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 Signature typed cut value name of repistered agent and little if applicable (NOTE Registered Agent signature required when reinstating) DATE						
Signaturd, typind oils reliad name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	PSTD	☐ DELETE	1.1 TOLE		☐ Change ☐ Addition	
NAME	PSIMARNOS, HARRY		1.2 NAME			
STREET ADDRESS	5807 N. ATLANTIC AVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	CAPE CANAVERAL FL		1.4 CITY - ST - ZIP			
TITLE		☐ DELETE	21 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS		,	
C/TY-ST-ZIP			2 4 CITY - ST - ZIP			
TATLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY - ST - ZIP			3.4. CITY - ST - ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS		į	
CITY-S1-ZIP			4.4 CITY - ST - ZIP			
TIFLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS		}	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		İ	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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.

IGNATURE: James C. S. Mara 1