FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -2 PM 5:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K07970 (2)

1. Corporation Name

AMERICOMM NETWORK, INC.

Principal Place of Business	Mailing Address
% MOHAMMAD SABET 12539 CHARLES COVE ROAD JACKSONVILLE FL 32216	% MOHAMMAD SABET 12539 CHARLES COVE ROAD JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/19/1987
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business (21): ~~12539~~ 13807 Longs Landing RD. E
2a. Mailing Address (26): 13807 Longs Landing RD E

Suite, Apt. #, etc (22):
Suite, Apt. #, etc (27):

City & State (23): JAX, FL
City & State (28): JAX, FL

ZIP (24): 32225
County (25): Duval
Zip (29): 32225
County (30): Duval

4. FEI Number: 59-2861706 — 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

8. The corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SABET, MOHAMMAD
12539 CHARLES COVE ROAD
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

91 Name: SABET, Mohammad
92 Street Address (P.O. Box Number is Not Acceptable): 13807 Longs Landing RD. E
93
94 City: JAX FL 95 Zip Code: 32225

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: SABET President — DATE: 4/6/95

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: P NAME: SABET, MOHAMMAD STREET ADDRESS: 12539 CHARLES COVE ROAD CITY ST ZIP: JACKSONVILLE FL	11 TITLE: P ☑ Change ☐ Addition 12 NAME: SABET, Mohammad 13 STREET ADDRESS: 13807 Longs Landing RD E 14 CITY ST ZIP: JAX FL 32225
TITLE NAME STREET ADDRESS CITY ST ZIP	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP 200001470156 Addition -05/03/95--01118--016 ****200.00 ****200.00
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

14. I do hereby certify that the information supplied with this blank is voluntarily furnished and 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 above/on, or on an attachment with an address.

SIGNATURE: SABET — 4/21/95 — (904) 721-0646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0024474 CP