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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani

Secretary of State
DIVISION OF CORPORATIONS

1996

K73776

(2)

COMPCOMM, INC.

DOCUMENT #

FILED Apr 22 1996 8:00 am Secretary of State

Principal Place of Business Mailing Address				t Målikin dir 18846 anın lakın lakı	2 5111 61611 6161		, 1811 BIBII BIBII 1881		
15223 US H		15223 US HWY. 19							
HUDSON FL	. 34667	HUDSON FL 34667							
US		US			3. Date Incorporated or Qualified 3a. Date of Last Report 03/08/1989 04/03/1995				
2 Principal Pia	ace of Business	2a. Mailing Address				4. FEI Number			Applied For
1		26				5 9-294 5442		[.	Not Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			75 Additional
2		27						Fe	e Required
City & State	1	City & State	City & State		6. Election Campaign Financing		\$5.00 May Be		
3]		28				Trust Fund Contribution			Ided to Fees
Ζφ	Country	Zip	Cou	intry		8. This corporation has liability for Florida Statutes	intangible tai : 🌠 No	cunae	rs 199.002,
4	25	29	30	r		10. Name and Address of New F		aent	
	9. Name and Address of Curren	it Hegisteren Agent		81	Name	10. Name and state at the state			
4115101	CHAIR EDANIV								
	EMMA, FRANK			82	Street Addr	ess (P.O. Box Number is Not Acceptat	ж		
	BATEWOOD AVENUE G HILL FL 34608			83					
SEMIN	3 FILL FL 34006							11	7.0-1-
				84	City		FL	Ro	Zip Code
SIGNATURE 12.	Stgrature, sychol or prairied name of registered agrain OFFICERS AN	card mentaphrable (f) D DIRECTORS	VOI: Bugisteres 13.	d Age	n' signature receivre	d when removaling? ADDITHONS/CHANGES TO OF			
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NAME	AURIGEMMA, SHARON		12 N	IAME	1				
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NAME	AURIGEMMA, FRANK		22 N	IAME					
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NAME				NAME					
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CITY - ST - ZIP	1		6.4	CITY -	· S1 - 7IP	for the execution stated in Section 11	9.07/3)(k) Ele	vida 9	Statutes I further

14. Too herety certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 cath; that I am an officer or director of the corporation or the volvier 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 in an attachment with an address.

SIGNATURE: JULIU

WWW LUM 9 MMC —
NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96 813-862-4990