FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **L14438** **(0)**

1. Corporation Name
SIMCOM INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
7500 MUNICIPAL DR. **ORLANDO FL 32819**	**7500 MUNICIPAL DR.** **ORLANDO FL 32819-8932**

3. Date Incorporated or Qualified: **09/08/1989**
3a. Date of Last Report: **03/18/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-2966272** ☐ 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DAVID, WALTER W
7500 MUNICIPAL DRIVE
ORLANDO FL 32819

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	**PSTD**	☐ DELETE	1.1 TITLE	PSTD	☒ Change ☐ Addition
NAME	**DAVID, WALTER W.**		1.2 NAME	David, Walter W.	
STREET ADDRESS	**406 SPRING VALLEY ROAD**		1.3 STREET ADDRESS	9362 Bentley Park Circle	
CITY-ST-ZIP	**ALTAMONTE SPRINGS FL**		1.4 CITY-ST-ZIP	Orlando, FL 32819	
TITLE	**VD**	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	**SMITH, KENNETH**		2.2 NAME		
STREET ADDRESS	**4400 TIDEWATER DR**		2.3 STREET ADDRESS		
CITY-ST-ZIP	**ORLANDO FL**		2.4 CITY-ST-ZIP		
TITLE	**CD**	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	**GIBSON, JAMES**		3.2 NAME		
STREET ADDRESS	**51 MEADOW PARK AVE**		3.3 STREET ADDRESS		
CITY-ST-ZIP	**COLUMBUS OH**		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
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		

CR2E034 (9/96)

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: _____ 4/14/97 407-345-0511