

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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **L14465** (3)
1. Corporation Name
SIMCOM TECHNOLOGIES, INC.

Principal Place of Business
**7500 MUNICIPAL DR.
ORLANDO FL 32819**

Mailing Address
**7500 MUNICIPAL DR.
ORLANDO FL 32819**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/08/1989	
21		26		4. FEI Number 59-2966273	Applied For Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

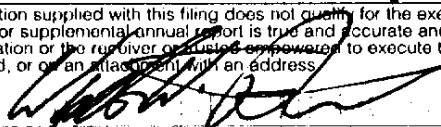
OFFICERS AND DIRECTORS

12.	TITLE	PSTD	<input type="checkbox"/> DELETE
	NAME	DAVID, WALTER	
	STREET ADDRESS	9362 BENTLEY PARK CIR	
	CITY - ST - ZIP	ORLANDO FL	
	TITLE	D	<input type="checkbox"/> DELETE
	NAME	GIBSON, JAMES	
	STREET ADDRESS	51 MEADOW PARK AVENUE	
	CITY - ST - ZIP	COLUMBUS OH	
	TITLE		<input type="checkbox"/> DELETE
	NAME		
	STREET ADDRESS		
	CITY - ST - ZIP		
	TITLE		<input type="checkbox"/> DELETE
	NAME		
	STREET ADDRESS		
	CITY - ST - ZIP		
	TITLE		<input type="checkbox"/> DELETE
	NAME		
	STREET ADDRESS		
	CITY - ST - ZIP		

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1	TITLE	
1.2	NAME	
1.3	STREET ADDRESS	
1.4	CITY - ST - ZIP	
2.1	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2	NAME	
2.3	STREET ADDRESS	6940 Temperance Point St
2.4	CITY - ST - ZIP	Westerville, OH 43082
3.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2	NAME	
3.3	STREET ADDRESS	
3.4	CITY - ST - ZIP	
4.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2	NAME	
4.3	STREET ADDRESS	
4.4	CITY - ST - ZIP	
5.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2	NAME	
5.3	STREET ADDRESS	
5.4	CITY - ST - ZIP	
6.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2	NAME	
6.3	STREET ADDRESS	
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 registered agent authorized 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:



4/16/98

407-345-0511

CR2E034 (10/97)