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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 3:59

DOCUMENT # **P21392** **(6)**

1. Corporation Name
IMPROCOM, INC.

Principal Place of Business	Mailing Address
10 AVIATOR WAY ORMOND BEACH FL 32174	10 AVIATOR WAY ORMOND BEACH FL 32174

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/21/1988
3a. Date of Last Report: 02/08/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: 88-0212471 ☐ 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

JENNER, FREDERICK M.
10 AVIATOR WAY
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name: RAYMOND A. YERLY
82 Street Address (P.O. Box Number is Not Acceptable): 10 AVIATOR WAY
83:
84 City: ORMOND BEACH **FL** 85 Zip Code: 32174

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: Raymond A. Yerly — RAYMOND A. YERLY, VICE-PRESIDENT — 3/15/95
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	P	☒ Change ☐ Addition
NAME	GREENE, ANNETTE H.	1.2 NAME	PERRY, JOHN G.	
STREET ADDRESS	10 AVIATOR WAY	1.3 STREET ADDRESS	424 N. TIMBER CREEK RD.	
CITY-ST-ZIP	ORMOND BCH FL	1.4 CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	VSD	2.1 TITLE	VS	☒ Change ☐ Addition
NAME	HURWITZ, ZALKIND	2.2 NAME	HILLSMAN, JR., DANIEL A.	
STREET ADDRESS	104 POWELL BLVD., #1105	2.3 STREET ADDRESS	10 AVIATOR WAY	
CITY-ST-ZIP	DAYTONA BEACH FL	2.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	TD	3.1 TITLE	VTD	☒ Change ☐ Addition
NAME	JENNER, FREDERICK M.	3.2 NAME	YERLY, RAYMOND A.	
STREET ADDRESS	300 BUTTONWOOD SHRS DR	3.3 STREET ADDRESS	10 AVIATOR WAY	
CITY-ST-ZIP	KEY LARGO FL	3.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE		4.1 TITLE	D	☐ Change ☒ Addition
NAME		4.2 NAME	HOPKE, WILLIAM J.	
STREET ADDRESS		4.3 STREET ADDRESS	10 AVIATOR WAY	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE		5.1 TITLE	D	☐ Change ☒ Addition
NAME		5.2 NAME	SHIFLETT, SANDRA J.	
STREET ADDRESS		5.3 STREET ADDRESS	10 AVIATOR WAY	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE		6.1 TITLE	D	☐ Change ☒ Addition
NAME		6.2 NAME	JENNER, FREDERICK M.	
STREET ADDRESS		6.3 STREET ADDRESS	300 BUTTONWOOD SHORES DR.	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	KEY LARGO, FL 33037	

14. I do hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address.

SIGNATURE: Raymond A. Yerly — RAYMOND A. YERLY, VICE-PRESIDENT — 3/15/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0011149 CP