

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 8:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

**DOCUMENT # P37964 (4)**  
1. Corporation Name  
**SYSCOMM, INC.**

Principal Place of Business Mailing Address  
**8649 N. HIMES AVE. SUITE 507 TAMPA FL 33614 US**

3. Date Incorporated or Qualified **03/17/1992** 3a. Date of Last Report **07/06/1994**  
4. FEI Number **23-2611545** 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

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

9. Name and Address of Current Registered Agent  
**ENSLIN, CHARLES  
8649 N. HIMES AVE.  
SUITE 507  
TAMPA FL 33614**

10. Name and Address of Now 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 \_\_\_\_\_  
NOTE: Registered Agent signature required after registration.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12?	
TITLE <b>C</b>	NAME <b>ENSLIN, CHARLES W.</b> STREET ADDRESS <b>8649 N. HIMES AVE.</b> CITY, ST, ZIP <b>TAMPA FL</b>	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>PST</b>	NAME <b>ENSLIN, CHARLES W.</b> STREET ADDRESS <b>8649 N. HIMES AVE.</b> CITY, ST, ZIP <b>TAMPA FL</b>	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME STREET ADDRESS CITY, ST, ZIP	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME STREET ADDRESS CITY, ST, ZIP	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME STREET ADDRESS CITY, ST, ZIP	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME STREET ADDRESS CITY, ST, ZIP	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME STREET ADDRESS CITY, ST, ZIP	71 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(3)(b), Florida Statutes. I further certify that the information included 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. 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 of this report, or as an attachment with an address.

SIGNATURE: Charles Enslin **CHARLES ENSLIN PRES** APR 20, 1995 **913-935-3702**  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR