

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

FILED  
Apr 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000007678 (4)**  
1. Corporation Name  
**ORCOM LABS, INC.**

Principal Place of Business  
**131 TOMAHAWK DRIVE  
SUITE 98  
INDIAN HARBOUR BEACH FL 32937  
US**

Mailing Address  
**131 TOMAHAWK DRIVE  
SUITE 98  
INDIAN HARBOUR BEACH FL 32937  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/27/1993</b>	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-3166097</b>		Applied For <input type="checkbox"/> Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Country	29. Country	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			

9. Name and Address of Current Registered Agent

**KIME, ROBERT J  
131 TOMAHAWK DRIVE  
SUITE 98  
INDIAN HARBOUR BEACH FL 32937**

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 *Robert J. Kime* **Robert J. Kime, Vice-President** **4/22/98**  
Signature typed or printed name of registered agent (if applicable) (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIME, ROBERT J	1.2 NAME	
STREET ADDRESS	1850 CHARLESMONT DR., APT. 136	1.3 STREET ADDRESS	
CITY- ST- ZIP	INDIALANTIC FL	1.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOHERTY, TERESA	2.2 NAME	
STREET ADDRESS	1850 CHARLESMONT DR., APT. 136	2.3 STREET ADDRESS	
CITY- ST- ZIP	INDIALANTIC FL	2.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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 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: *Robert J. Kime* **Robert J. Kime** **4/22/98** **407-779-9933**

CR2E034 (10/97)