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 APR 14 PM 3:41

DOCUMENT # **P93000024448 (1)**

1. Corporation Name
AVCOMM, INC.

Principal Place of Business	Mailing Address
2139 UNIVERSITY DR STE 312 CORAL SPRINGS FL 33071 US	2139 UNIVERSITY DR STE 312 CORAL SPRINGS FL 33071 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/29/1993**
3a. Date of Last Report: **04/21/1994**

2. Principal Place of Business	2a. Mailing Address
21	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: **65-0406381** ☐ 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

RICHARDSON, DAVID
3301 RIVERSIDE DRIVE
CORAL SPRINGS FL 33065

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 _____ 4/10/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	DELETE NAME	☒ Change ☐ Addition
NAME	BROOKINS, JIMMY	12 NAME		
STREET ADDRESS	10695 NW 40TH STREET	13 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33065	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	DELETE NAME	☒ Change ☐ Addition
NAME	BROOKINS, BRIAN	22 NAME		
STREET ADDRESS	7007 NW 39TH STREET	23 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33065	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	D/P	☒ Change ☐ Addition
NAME	RICHARDSON, DAVID	32 NAME		
STREET ADDRESS	10935 NW 40TH STREET	33 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33065	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	D/VP	☒ Change ☐ Addition
NAME	ZEHR, STEPHEN	42 NAME		
STREET ADDRESS	7506 NW 42ND STREET	43 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33065	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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: _____ RICHARDSON, DAVID 4/10/95 305 341 1723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0114017 CP