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Mar 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000020109 (2)

1. Corporation Name

M-COM NETWORK SYSTEMS, CORPORATION

Principal Place of Business

1748 INDEPENDENCE BLVD
STE E-1
SARASOTA FL 34234
US

Mailing Address

1748 INDEPENDENCE BLVD
STE E-1
SARASOTA FL 34234-2152
US

3. Date Incorporated or Qualified

03/16/1994

3a. Date of Last Report

03/06/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 C-5
City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 C-5
City & State

28 Zip

30 Country

4. FEI Number

65-0473863

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

MCKINNEY, MICHAEL W
4382 LONGCHAMP DRIVE
SARASOTA FL 34235

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

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MCKINNEY, MICHAEL W
STREET ADDRESS 4382 LONGCHAMP DRIVE
CITY-ST-ZIP SARASOTA FL 34235

TITLE STD ☐ DELETE

NAME MCKINNEY, BARBARA L
STREET ADDRESS 4382 LONGCHAMP DRIVE
CITY-ST-ZIP SARASOTA FL 34235

TITLE D ☐ DELETE

NAME MCKINNEY, H. LEWIS
STREET ADDRESS 407 ALTAIR ROAD
CITY-ST-ZIP VENICE FL 34283

TITLE TD ☐ DELETE

NAME BARNEY KAVANAGH
STREET ADDRESS 4417 WORCESTER ROAD
CITY-ST-ZIP SARASOTA, FL 34231

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)