

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

FILED
May 19, 1999 8:00 am
Secretary of State

05-19-1999 90004 001 *1,350.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000079337

1. Corporation Name
TECOM INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 C/O R.H. KESSEL
 702 N. FRANKLIN STREET
 TAMPA FL 33602-4418
 US

Mailing Address
 C/O R.H. KESSEL
 P.O. BOX 111
 TAMPA FL 33601-0111
 US

3. Date Incorporated or Qualified
10/28/1994

4. FEI Number
59-3283140 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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 C/O D. E. Schwartz
 Suite, Apt. #, etc.
 22 702 N. Franklin St.
 City & State
 23 Tampa, FL
 Zip Country
 24 33602-4418 25 U.S.

2a. Mailing Address
 26 C/O D. E. Schwartz
 Suite, Apt. #, etc.
 27 P.O. Box 111
 City & State
 28 Tampa, FL
 Zip Country
 29 33601-0111 30 U.S.

9. Name and Address of Current Registered Agent
MCDEVITT, S.M.
702 N. FRANKLIN STREET
TAMPA FL 33602

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input checked="" type="checkbox"/> DELETE	1.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KESSEL, R.H.	1.2 NAME	Schwartz, D. E.
STREET ADDRESS	702 N. FRANKLIN STREET	1.3 STREET ADDRESS	702 N. Franklin St.
CITY-ST-ZIP	TAMPA FL 33602	1.4 CITY-ST-ZIP	Tampa, FL 33602
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EHLERS, G.A.	2.2 NAME	
STREET ADDRESS	702 N. FRANKLIN STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EUSTACE, R.K.	3.2 NAME	
STREET ADDRESS	702 N. FRANKLIN STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLETTE, G. L.	4.2 NAME	
STREET ADDRESS	702 N. FRANKLIN STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGER, B. H.	5.2 NAME	
STREET ADDRESS	702 N. FRANKLIN STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGILL, A. M.	6.2 NAME	
STREET ADDRESS	702 N. FRANKLIN STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602	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, with all other like empowered.

SIGNATURE: Schwartz, Secretary (813) 228-1808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)