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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P94000085172 (2)
1. Corporation Name

MARCOM TECHNOLOGIES, INC.

Principal Place of Business 3215 NW 10TH TER 213 Mailing Address

3215 NW 10TH TER. 213 FT LAUDERDALE FL 33309 3215 NW 10TH TER. 213 FT LAUDERDALE FL 33309 FILED Apr 26 1996 8:00 am Secretary of State



								3. Date incorporated or Qualified 3a. Date of Last Report 05/01/1995					
2. Principal Pla	ice o' Business		2a. Mailing Addres	2a. Mailing Address				4. FEI Number			Applied For		
21				26				65-0547881		-	Not Applicable		
Suite, Apt. #	, etc.		Suite, Apt. #, 6	Suite, Apt. #, etc.							Additional		
22			27	27				5. Certificate of Status Desired			Required		
City & State			City & State	City & State				6. Election Campaign Financing		\$5.0	O May Be		
23			28	28				Trust Fund Contribution Added to Fees					
Zip		Country	Zip	Country				8. This corporation has liability for i	ntangible ta:				
24	25 29				30			Florida Statutes Yes			·		
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent							
							81 Name						
SCHUYLER, HENRY						82 Street Address (P.O. Box Number is Not Acceptable)							
3215 NW 10TH TERRACE						Street Address (P.O. Box Number is Not Acceptable)							
SUITE 213													
	ERDALE FL		84 City					·					
TT ENOBELIANDE TE 00000						City			FI	85 Zi	p Code		
11. Pursuant to	the provisions	of Sections 607.0	502 and 607 1508. Florida 5	Statutes, the abo	1V9-7	named c	ornorat	ion submits this statement for the nur		oging ite i	registered office		
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 _	Planation timed or or	rinted name of registered a		ALOTE: P		**:*:*:							
12.	agrician, types or pr		AND DIRECTORS	(NOTE: Registered	o Agen	i signature	required w	ADDITIONS/CHANGES TO OFFI	DATE	DIDECTO	DC IN 12		
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	FF LAUDERDALE EL						1						
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STREET ADDRESS			SUITE 213			2.3 STREET ADDRESS							
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STREET ADDRESS						ADDRESS					ļ		
CITY - ST - ZIP					ITY-S						1		
	cert fy that the	information supplie	ed with this filing is voluntari				alify for	the exemption stated in Section 119.0	07(3)(k), Flor	da Statut	les. I further		

14. I do hereby cert fy that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 15 if chapted, or on an attachment with an address.

SIGNATURE:

NATURE AND TYPED OR PRIME OF SIGNING OFFICER OR DIRECTOR

4-23-96 95

954-568-555 Pactrie Prone #