FILED

Mar 31, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000085172

1. Corporation Name

MARCOM TECHNOLOGIES, INC.

•••							
Principal Place	of Business	Mailing Address					
7771 W. OAKLAND PARK BLVD		-	7771 W. OAKLAND PARK BLVD				
SUITE 100	IND FARR BLVD	SUITE 100	0210				
SUNRISE FL 33351		SUNRISE FL 33351	SUNRISE FL 33351			DO NOT WRITE IN THIS SPACE	
US		US				3. Date Incorporated or Qualifed	
			_			11/22/1994	
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For	4
21		26	The state of the s			65-0547881 Not Applicable	4
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required	1
22		27					┥
City & State		City & State				6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	4
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Intangible Personal Property Tax ☐ Yes ☐ No	1
24	25		30		 -	Personal Property Tax. Yes INO 10. Name and Address of New Registered Agent	┨
	9. Name and Address of Curr	ent Registered Agent		81	Name	10. Halile alla Address of Heat Registered Agent	┨
SCH	UYLER, HENRY		Ì	٠,	Name		_
	W. OAKLAND PARK BLVD., S	STE 100	•	82	Street Ad	Address (P.O. Box Number is Not Acceptable)	
	E 213	3/E 100					-{
	RISE FL 33351			83			
JUN	NISE FE 33351			84	City	85 Zip Code	٦
						FL S S S S S S S S S	4
11. Pursuant	to the provisions of Sections 607.0)502 and 607.1508, Florida Statu	ites, the al authorized	oove bv 1	-named co the comora	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered	Ì
agent. I a	m familiar with, and accept the obli	igations of, Section 607.0505, Flo	orida Statu	ites.		, ,	
SIGNATURE							ļ
	Signature, typed or printed name of registered a	·	_	Agent	signature requ	equired when reinstating) DATE DATE	\dashv
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ᅱ
TITLE	P	□ vereie	1.1 717		ļ		
NAME GONZALEZ, EDWARD				1.2 NAME 1.3 STREET ADDRESS			
STREET ADDRESS	7771 W. OAKLAND PARK BL	VD., SIE 100					
CITY-ST-ZIP	SUNRISE FL	□ mpl fre	1.4 CI		- ZiP	☐ Change ☐ Additio	닍
TITLE	VP	☐ DELETÉ	2.1 TH				
NAME	SCHUYLER, HENRY		2.2 NA				
STREET ADDRESS	7771 W. OAKLAND PARK BL	_VD., STE 100	2.3 ST	REET	ADDRESS	•	
CITY-ST-ZIP	SUNRISE FL		2. 4 Ci		T-ZIP	☐ Change ☐ Additio	귀
TITLE		☐ DELETE	3.1 TI	LE		☐ Change ☐ Addition	'
NAME			3.2 NA	ME			
STREET ADORESS			3.3 ST	REET	ADORESS		ĺ
CITY-ST-ZIP			3.4. CI		T-ZIP		\dashv
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CITY-ST-ZIP			4.4 CF	TY-ST	•ZIP		\dashv
TITLE		☐ DELETE	5.1 TI	ΠE	}	☐ Change ☐ Addition	^ \
NAME			5.2 NA	ME			
STREET ADDRESS					4000000		
CITY-ST-ZIP			5.3 ST	REET	ADDRESS		
			5.3 ST 5.4 CF		- 1		
) TITLE		☐ DELETE		TY-ST	- 1	☐ Change ☐ Additio	n
NAME	3,74.00	☐ DELETE	5.4 CF	1Y-S1 TLE	- 1	☐ Change ☐ Additio	n

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #