

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000005591 (9)**

1. Corporation Name
COR-COM, INC.



Principal Place of Business: **5811 PELICAN BAY BLVD. STE. 103 NAPLES FL 33963**
Mailing Address: **5811 PELICAN BAY BLVD. STE. 103 NAPLES FL 33963**

3. Date Incorporated or Qualified: **01/23/1995**
3a. Date of Last Report: _____
4. FEI Number: **65-0554375**
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

2. Principal Place of Business
21 **126 Park Ave. S.**
Suite, Apt. #, etc. _____
22 _____
City & State: **Winter Park FL**
23 _____
Zip: **32789** Country: **Orange**
24 _____ 25 _____
26 **126 Park Ave. S.**
Suite, Apt. #, etc. _____
27 _____
City & State: **Winter Park FL**
28 _____
Zip: **32789** Country: **Orange**
29 _____ 30 _____

9. Name and Address of Current Registered Agent
PILEGGI, GARY E
5811 PELICAN BAY BLVD. STE. 103
NAPLES FL 33963

10. Name and Address of New Registered Agent
81 Name _____
82 Street Address (P.O. Box Number is Not Acceptable) _____
83 _____
84 City _____
85 Zip Code **FL** _____

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: _____ (NOTE: Registered Agent Signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEAWRIGHT, DAVID	1.2 NAME	
STREET ADDRESS	1036 QUINWOOD LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751	1.4 CITY-ST-ZIP	900001819759
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	-05/14/96--01015--025 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEAWRIGHT, JEAN	2.2 NAME	***200.00
STREET ADDRESS	1036 QUINWOOD LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Treas. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Gary F. Pileggi
STREET ADDRESS		3.3 STREET ADDRESS	5811 Pelican Bay Blvd. #103
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Naples FL 33963
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Secretary
STREET ADDRESS		4.3 STREET ADDRESS	Margaret M. Pileggi
CITY-ST-ZIP		4.4 CITY-ST-ZIP	5811 Pelican Bay Blvd. #103
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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 13 if changed, or on an attachment with an address.

SIGNATURE: **Gary F. Pileggi** Treasurer **4/22/96** (441) 597-7333
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)