

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

103

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 SEP 12 AM 11:30

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P95000005591 (9)

1. Corporation Name
 COR-COM, INC.



Principal Place of Business
 126 PARK AVE.
 WINTER PARK FL 32789

Mailing Address
 126 PARK AVE.
 WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/23/1995
 3a. Date of Last Report 05/01/1996

4. FEI Number 65-0554375
 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

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 JEAN PILEGGI SEAWRIGHT
 82 Street Address (P.O. Box Number is Not Acceptable) 126 PARK AVENUE SOUTH
 83
 84 City WINTER PARK FL 85 32789

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 607.0501, Florida Statutes.

SIGNATURE *Jean Seawright*
 Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

9/2/97

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	SEAWRIGHT, JEAN	
STREET ADDRESS	1036 QUINWOOD LANE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PILEGGI, GARY F.	
STREET ADDRESS	5811 PELICAN BAY BLVD., #103	
CITY-ST-ZIP	NAPLES FL 33963	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PILEGGI, MARGARET M.	
STREET ADDRESS	5811 PELICAN BAY BLVD., #103	
CITY-ST-ZIP	NAPLES FL 33963	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SEAWRIGHT, JEAN PILEGGI	
1.3 STREET ADDRESS	126 PARK AVENUE SOUTH	
1.4 CITY-ST-ZIP	WINTER PARK, FL 32789	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PILEGGI, GARY F.	
2.3 STREET ADDRESS	126 PARK AVENUE SOUTH	
2.4 CITY-ST-ZIP	WINTER PARK, FL 32789	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PILEGGI, MARGARET M.	
3.3 STREET ADDRESS	126 PARK AVENUE SOUTH	
3.4 CITY-ST-ZIP	WINTER PARK, FL 32789	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

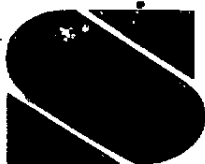
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 ***165.00 ***165.00

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 *Jean Seawright* 9/2/97 (40) 445-AU33

CR2E034 (4/97)

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SEAWRIGHT AND ASSOCIATES, INC.
MANAGEMENT CONSULTANTS

126 Park Avenue South, Winter Park, Florida 32789
(407) 645-2433 • Fax: (407) 645-3923

August 29, 1997

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: 1997 Profit Corporation Annual Report Packet

Dear Sir or Madam:

Enclosed please find our completed 1997 Profit Corporation Annual Report Packet and a check in the amount of \$165 for the filing fee.

We understand the original due date was sometime in May, however, we received this return *for the very first time* on July 21, 1997. Upon receipt, I immediately began calling the Division of Corporations as I was not familiar with this form and the associated fee. I was finally able to speak with Michael who recommended we submit this letter as a request for a waiver of the penalty.

We have no way of knowing whether or not a form was sent from your office earlier in the year, however, we do know there was a window of time during which mail with our corporate name was placed in other tenants' boxes and then discarded inadvertently, or returned to the sender. The majority of this activity took place *at the same time* the initial notice would have been sent from your Division. It was during this time some new tenants moved in our building and were not aware of our corporate name or appropriate suite. For this reason, we are requesting a waiver of the penalty.

Seawright & Associates, Inc. is a human resource management consulting firm that works with employers to ensure they comply with state and federal employment regulations. Certainly, it is our intent to comply with *any and all business-related regulations and requirements*. Due to the unusual and extenuating circumstances in this situation, we respectfully request a waiver of the penalty this one time.

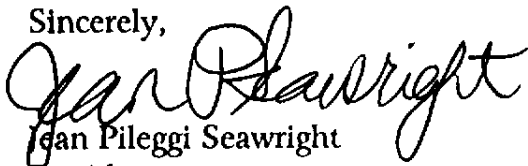
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Florida Department of State
August 29, 1997
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We would appreciate any consideration you could give us regarding this matter and apologize for any problems this may have caused.

Thank you for your time. We look forward to hearing from you.

Sincerely,


Jean Pileggi Seawright
President

Enclosures

JPS/jm