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

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

1996

DOCUMENT #

194 DIVISION OF COUPERINGUS C P95000012895 (5)

COL'COMM, INC.

Mailing Address

Principal Place of Business

1015 EAGENS CREEK COURT OVIEDO FL 32765			1015 EAGENS CREEK COURT OVIEDO FL 32765					
						3. Date Incorporated or Qualified 02/09/1995	3a. Date of Last	Report
2. Principal Pla	ce of Business	ailing Address			4. FE: Number		Applied For	
et		26				116-44-5095		Not Applicable
Suite, Apt. #	, etc	27 27	Suite, Apt. #, etc.			5. Certificate of Status Desired	T	75 Additional ee Required
City & State		28	Ony & State 8			Election Campaign Financing Trust Fund Contribution	1 1	.00 May Be ded to Fees
Zip	Country	7	р	Cou	nlry	8. This corporation has liability for		rs 199.032,
24	25	29		30		The state of the s	s No	
	Name and Address of Curre	nt Register	ed Agent			10. Name and Address of New	Registered Agent	
					81 Name	T-MAK COLON		
COLON, FRANK					82 Street A	dress (P.O. Box Number is Not Acceptable)		
	EAGENS CREEK COURT				/8	05 BAGENS CHEEK	<u> </u>	
OVIED	O FL 32765				83	/		
					84 City £	Durado	FL 85	Zip Code 32765
44 6	to the second of Continue 607 000	O and COV	FOO Davida State	itee the abo	va.naned.cou	poration submits this statement for the p	urnose of changing i	ts registered office
or registers	ed agent, or both, in the State of Flor	rida. Such d	hange was author	ized by the i	corporation's b	oard of directors. Thereby accept the ap	pointment as régiste	red ägent. I am
familiar wit	h, and accept the obligations of, Sec	stion 607.05	05, Florida Statute	98				
SIGNATURE _	Signature Hyperforigan boarding of registered disk	a and the distract	i ali	ville Braides.	April's patricins	and where re- Artrigi	DATE	
12.	OFFICERS AT			13.		ADDITIONS/CHANGES TO OF	FICERS AND DIREC	CTORS IN 12
TITLE	D		DELETE	1 1 1	IILE		Chan	ge 🔲 Addition
NAME	COLON, FRANK			12 N	AME			
STREET ADDRESS	1015 EAGENS CREEK CO	OURT	1.3 STREET ADDRESS					
CHY+ST-ZIP	OVIEDO FL 32765			140	iTY+ST+ZIP			
TITLE			☐ DELE;E	2.11	IFLE		☐ Chan	ge Addition
NAME				2 ? N	AME			
STREET ADDRESS				235	TREE1 ADDRESS			
CITY-ST ZIP				2 4 0	II i - SI - ZiP			
T:TLE			DELETE	3 1	TILE		Chan	ige 🔲 Addition
NAME				321	AME			
STREET ADDRESS				3.3	STREET ADDRESS			
CITY-ST ZIF		,		340	!TY - \$T - Z:P			
TITLE			☐ DELETE	4 1	TITLE		☐ Char	ige 🔲 Addition
NAME				421	AME			
STREET ADDRESS				433	TREET ADDRESS			
CHY-ST-ZIP				440	ITY ST-2IP			
TITLE			DELETE	5 1	TITLE		Cnar	nge 🔲 Addition

6.4 CITY - ST - ZIF 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 display of the receiver or trusted employeered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Pitrot 12 or (Blook of the product of t appears in Block 12 or Bloc

5.2 NAME

6 1 THE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CITY - ST - ZIP

SIGNATURE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY ST-ZIP

DELETE

Change

Addition

CR2E034 (12/95)