**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 # **P95000045339 (5)**

1. Corporation Name

**CIRCOMM SYSTEMS INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1501 N DIXIE HIGHWAY<br>LAKE WORTH FL 33460 | 1501 N DIXIE HIGHWAY<br>LAKE WORTH FL 33460 |

7819 N. Dixie Hwy.

2. Principal Place of Business
21 ~~819 13TH AVE. N.~~

Suite, Apt. #, etc.
22

City & State
23 Lake Worth Florida

Zip / Country
24 33460 25 U.S.A.

2a. Mailing Address
26 "

Suite, Apt. #, etc.
27

City & State
28

Zip / Country
29 30

3. Date Incorporated or Qualified: 06/06/1995

3a. Date of Last Report: NA

4. FEI Number: 65-0583144 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~BANKS, ANDREW~~
~~1741 16TH COURT NORTH~~
~~LAKE WORTH FL 33460~~

10. Name and Address of New Registered Agent

81 Name: ERIKA Elizabeth Alders
82 Street Address (P.O. Box Number is Not Acceptable): 129 S. Golfview Rd. #4
83
84 City: LAKE Worth FL 85 Zip Code: 33460

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: Erika E. Alders (Signature of new registered agent) DATE: 4-15-96

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | vice president<br>Andrew BANKS<br>1741 16TH Ct. N.<br>LAKE Worth, FL 33460 | ~~☐ DELETE~~ |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | President/M<br>ERIKA E. ALDERS<br>129 S. Golfview Rd. #4<br>LAKE Worth, FL 33460 | ☐ Change ~~☐ Addition~~ |
| 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | V/S/T<br>Anita Davis<br>129 S. Golfview Rd #4<br>LAKE Worth, FL 33460 | ☐ Change ~~☐ Addition~~ |
| 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | 000001868890<br>-06/20/96--01021--047<br>***200.00 | ☐ Change ☐ Addition |
| 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (12/95)

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)(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:** Erika E. Alders 4-15-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Sep-96
JP