

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 # P95000075731 (6)

1. Corporation Name

NOVACOM, INC.



Principal Place of Business

515 NORTH FLAGLER DRIVE
SUITE 300 ~~RAVENS~~
W PALM BEACH FL 33401

Mailing Address

515 NORTH FLAGLER DRIVE
SUITE 300 ~~RAVENS~~
W PALM BEACH FL 33401

2. Principal Place of Business

21 515 NORTH FLAGLER DR

Suite, Apt. #, etc.

22 SUITE 300

City & State

23 WEST PALM BEACH

Zip

24 FL 33401

Country

2a. Mailing Address

26 515 N. FLAGLER DR.

Suite, Apt. #, etc.

27 SUITE 300

City & State

28 WEST PALM BEACH

Zip

29 FL 33401

Country

3. Date Incorporated or Qualified
10/02/1995

3a. Date of Last Report

4. FEI Number

65-0613254

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

SCHOLIN, CHRISTIAN N
224 DATURA STREET
SUITE 1100
W PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

SCHOLIN, CHRISTIAN N

82 Street Address (P.O. Box Number is Not Acceptable)

505 S. FLAGLER DR

83

SUITE 1001

84 City

WEST PALM BEACH

FL

85 Zip Code

33401

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

CHRISTIAN N. SCHOLIN, ATTORNEY AT LAW 4/12/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME MAKINEN, MIKKO
STREET ADDRESS 1304 WEST INDIES WAY
CITY-ST-ZIP LANTANA FL 33462

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

2. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

3. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

4. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

5. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

6. TITLE

62. NAME

63. STREET ADDRESS

64. 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:

Mikko Makinen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96

(407)833-8665

CR2E034 (12/95)