

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 96000056509
1. Corporation Name:
Procom Network, Inc.

Principal Place of Business: Mailing Address:
2802 Edgewood Lane
Sarasota, FL 34231

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07-1-96	4. FEI Number 65-0678698	Applied For ☐ Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees	
23. Zip	28. Zip	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No		
24. Country	29. Country			

9. Name and Address of Current Registered Agent Michael Dunn 2802 Edgewood Lane Sarasota, FL 34231	10. Name and Address of New Registered Agent
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL 85. Zip Code

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: Michael Dunn (Typed name of person signing) (Typed name of registered agent)
(Typed name of person signing) (Typed name of registered agent)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: President NAME: Michael Dunn STREET ADDRESS: 2802 Edgewood Lane CITY-ST-ZIP: Sarasota, FL 34231	1.1 TITLE: ☐ Change ☐ Addition
TITLE: Vice President NAME: Roger Jewell STREET ADDRESS: 3223 19th Place S.W. CITY-ST-ZIP: Largo, FL 34644	1.2 NAME: ☐ Change ☐ Addition
TITLE: ☐ DELETE	1.3 STREET ADDRESS: ☐ Change ☐ Addition
TITLE: ☐ DELETE	1.4 CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE: ☐ DELETE	2.1 TITLE: ☐ Change ☐ Addition
TITLE: ☐ DELETE	2.2 NAME: ☐ Change ☐ Addition
TITLE: ☐ DELETE	2.3 STREET ADDRESS: ☐ Change ☐ Addition
TITLE: ☐ DELETE	2.4 CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE: ☐ DELETE	3.1 TITLE: ☐ Change ☐ Addition
TITLE: ☐ DELETE	3.2 NAME: ☐ Change ☐ Addition
TITLE: ☐ DELETE	3.3 STREET ADDRESS: ☐ Change ☐ Addition
TITLE: ☐ DELETE	3.4 CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE: ☐ DELETE	4.1 TITLE: ☐ Change ☐ Addition
TITLE: ☐ DELETE	4.2 NAME: ☐ Change ☐ Addition
TITLE: ☐ DELETE	4.3 STREET ADDRESS: ☐ Change ☐ Addition
TITLE: ☐ DELETE	4.4 CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE: ☐ DELETE	5.1 TITLE: ☐ Change ☐ Addition
TITLE: ☐ DELETE	5.2 NAME: ☐ Change ☐ Addition
TITLE: ☐ DELETE	5.3 STREET ADDRESS: ☐ Change ☐ Addition
TITLE: ☐ DELETE	5.4 CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE: ☐ DELETE	6.1 TITLE: ☐ Change ☐ Addition
TITLE: ☐ DELETE	6.2 NAME: ☐ Change ☐ Addition
TITLE: ☐ DELETE	6.3 STREET ADDRESS: ☐ Change ☐ Addition
TITLE: ☐ DELETE	6.4 CITY-ST-ZIP: ☐ Change ☐ Addition

14. I 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 supplementary 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 attached end with an address.

SIGNATURE: Michael Dunn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Daytime Phone:

CP2E034 (10/97)