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May 06, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000056509

1. Corporation Name
PRO COM NETWORKS, INC.

Principal Place of Business 2802 EDGEWOOD LN. SARASOTA FL 34231	Mailing Address 2802 EDGEWOOD LN. SARASOTA FL 34231
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8440 Ulmerton Road Suite, Apt. #, etc. 22 Unit 510 City & State 23 LARGO, FL. Zip 24 33771		2a. Mailing Address 26 8440 Ulmerton Rd Suite, Apt. #, etc. 27 Unit 510 City & State 28 LARGO, FL. Zip 29 33771		3. Date Incorporated or Qualified 07/01/1996 4. FEI Number 65-0678698 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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9. Name and Address of Current Registered Agent DUNN, MICHAEL 2802 EDGEWOOD LN. SARASOTA FL 34231		10. Name and Address of New Registered Agent 81 Name ROGER D JEWELL 82 Street Address (P.O. Box Number is Not Acceptable) 8440 Ulmerton Road Unit 510 83 84 City LARGO FL 85 Zip Code 33771	
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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 Roger D Jewell **ROGER D JEWELL** **PRESIDENT** **4/9/99**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS TITLE P <input checked="" type="checkbox"/> DELETE NAME DUNN, MICHAEL STREET ADDRESS 2802 EDGEWOOD LN. CITY-ST-ZIP SARASOTA FL 34231 TITLE V <input checked="" type="checkbox"/> DELETE NAME JEWELL, ROGER D. STREET ADDRESS 3223 19 PLACE SW CITY-ST-ZIP LARGO FL 34644 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 PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME ROGER D JEWELL 1.3 STREET ADDRESS 3223 19th PL SW 1.4 CITY-ST-ZIP LARGO, FL. 33774 2.1 TITLE VICE-PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME DAVID M JEWELL 2.3 STREET ADDRESS 1201 SUMNER BLVD 2.4 CITY-ST-ZIP SAFETY HARBOR, FL. 34695 3.1 TITLE Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME RANDY L. LAVALLEE 3.3 STREET ADDRESS 13533 Ridge Rd #2101 3.4 CITY-ST-ZIP Largo, FL 33778 4.1 TITLE Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME Christopher L. Chambers 4.3 STREET ADDRESS 7120 ONYX DRIVE N. 4.4 CITY-ST-ZIP St. Petersburg, FL. 33710 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
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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 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 with all other like empowered.

SIGNATURE:

Roger D Jewell **ROGER D. JEWELL** **4/9/99** **727-530-9991**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #