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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000080419 (0)

AMERICOM, INC.

Principal	Place	of I	Businoss

Mailing Address

15600 GAUNTLET HALL MANOR DAVIE FL 33331 15600 GAUNTLET HALL MANOR DAVIE EL 33331

## FILED May 01 1998 8:00am Secretary of State



DAVIE FL 33331		DAVIE FL 33331			DO NOT WRITE IN THIS	SPACE					
						3.	Date Incorporated or Qualified 09/26/1996				
2. Principal Pi	ace of Business	2a. Mailing Address				4.	. FEI Number		Applied For		
21		26					65-0717240		Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5.	. Certificate of Status Desired		5 Additional		
22 City & State		City & State			<del></del>		Floring Committee Chamber		Required		
23	,	28				6.	Election Campaign Financing  Trust Fund Contribution		00 May Be ed to Fees		
Zip	Country	Zip	Cour	ntry		8	. This corporation owes or has paid the cur				
24	25	29	30			<b>.</b>		Yes	No No		
	9. Name and Address of Current	Registered Agent				10.	Name and Address of New Registered	Agent			
	ITING, RICHARD LOUIS			81	Name				i		
	00 GAUNTLET HALL MANOR		ŀ	82	Street Add	iress (P	P.O. Box Number is Not Acceptable)				
DAV	/IE FL 33331		}	83							
					<u>.</u>						
				84	City		FL	65 Z	(ip 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											
	Signature typed or protect name of registered agent			Age	nt <b>signature</b> requ			5.05.05			
12.	OFFICERS AND	DELETE	13.	ıF			ADDITIONS/CHANGES TO OFFICERS AND	DIFFECT			
NAME	OETTING, RICHARD LOUIS	_ btatic	1.7 III					L. J Gran	Te T Vanition		
STREET ADDRESS	9927 EAST BAY HARBOR DRIV	Æ			ADDRESS						
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33		1.4 CIT								
TITLE	Ō	DELETE	2.1 TiT		· • "			Chang	ge Addition		
NAME	<b>SAWYER, JONATHAN DAVID</b>		2.2 NA	ME							
STREET ADDRESS	15600 GAUNTLET HALL MANC	R	2.3 STI	REET	ADDRESS						
CITY-ST-ZIP	DAVIE FL 33331		2.40	IY-S	IT-ZIP						
TITLE		DELETE	3.1 TIT	LE				☐ Chang	ge Addition		
NAME			3.2 NA	ME							
STREET ADDRESS			3.3 S11	REET .	ADDRESS						
CITY-ST-ZIP			3 4. CI	_	I-ZIP	·					
TITLE		DELETE	. 41 Til					☐ Chang	ge L. Addition		
NAME			4. 2 NA								
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP		☐ DELETE	4 4 CIT		T - ZIP			Chan	ae Addition		
TITLE			5.1 TiT					∐ Chang	te Magnion		
NAME CIDECT ADDRESS			5.2 NA		ADDRESO						
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP TITLE		DELETE	5.4 CIT 6.1 TIT		1-211			Chang	ge		
NAME			6.2 NA						- <u> </u>		
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP											
	artify that the information supplied with	this files does not explif f	6.4 CIT			. On alia	on 110 07/3/// Florida Ctatutas I futbor on	atif the act	No a lada asa ada a		

14. Thereby 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

CIGNATURE, Jonathan David Sawyer

Sonnthan David Sauren

4/21/98 (954)921-0303

2F024 (10/97)