

FILE NOW: FILING FEE AFTER MAY 1 IS \$550

FILED
Jun 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000081763 (0)

1. Corporation Name
VCOM DISTRIBUTION, INC.



Principal Place of Business
301 CLEMATIS STREET
SUITE 200
WEST PALM BEACH FL 33401

Mailing Address
301 CLEMATIS STREET
SUITE 200
WEST PALM BEACH FL 33401-4801

2. Principal Place of Business

21 809 N. Dixie Hwy.

Suite, Apt. #, etc.

22 2nd floor

City & State

23 West Palm Beach, FL

Zip

24 33401

Country

25 USA

2a. Mailing Address

26 809 N. Dixie Hwy.

Suite, Apt. #, etc.

27 2nd Floor

City & State

28 West Palm Beach, FL

Zip

29 33401

Country

30 USA

3. Date Incorporated or Qualified

10/02/1996

3a. Date of Last Report

4. FEI Number

65-0710743

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

WHALEN, TIMOTHY L
301 CLEMATIS STREET
SUITE 200
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

Raymond C. Watts

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

809 N. Dixie Hwy.

83

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WATTS, RAYMOND
301 CLEMATIS STREET, SUITE 200
WEST PALM BEACH FL 33401

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CROLEY, JAMES
301 CLEMATIS STREET, SUITE 200
WEST PALM BEACH FL 33401

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

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TITLE
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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

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ 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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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.

SIGNATURE

4/29/92

CP2E034 (9/96)