## 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 # P96000093159 (7)

MEDICOMM ENTERPRISES, INC.

## **FILED** Mar 09 1998 8:00am Secretary of State

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Principal Plac	e of Business	Mailing Address					TR EBORG (ING) INDB! (	Beste 2011 addi
6764 SOUTHWEST 39TH COURT 6764 SOUTHWEST 39TH CO DAVIE FL 33314 DAVIE FL 33314						DO NOT WRITE IN T	HIS SPACE	
						3. Date incorporated or Qualified	THOUTHOL	
						11/13/1996		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For
21] [26]						65-0707777		Not Applicable
Suite, Apt. #, etc.         Suite, Apt. #, etc.           22         27			dc.			<b>5.</b> Certificate of Status Desired		Additional Required
City & State	e	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be  Added to Fees		
Z <sub>I</sub> p Country		Zip	ip Country		′	8. This corporation owes or has paid the current year Intangible		
24	25 29 29 39. Name and Address of Current Registered Ageni		30	30		Personal Property Tax due June 30. W Yes No		
		ent Registered Agent		81	Name	10. Name and Address of New Registe	red Agent	
	IERILAWYER CHARTERED			0'	i i i i i i i i i i i i i i i i i i i			!
	3 ALMERIA AVENUE PRAL GABLES FL 33134				Street Addre	ess (P.O. Box Number is Not Acceptable)		
				83				
				84	City		FL 85 Zir	o Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida	Statutes, the a	bove	e-named corp	oration submits this statement for the purpo	se of changing	its registered
office of r agent I a	egistered agent, or both, in the Sta in familiar with, and accept the obt	ite of Honda, Such change Igations of, Section 607.05	e was authorize 505, Florida Stal	o by tutes	y the corporati s.	oration submits this statement for the purpo on's board of directors. I hereby accept the	appointment a	is registered
SIGNATURE								
	Signature, lyped or pointed name of requirered a			d Ape	ent signature require		ATE .	
12.	OFFICERS A	ND DIRECTORS	13.	*		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
TITLE	HOLLIDAY, MAXIMILLIAN W							Audilion
NAME	STREET ADDRESS 6764 SOUTHWEST 39TH COURT			1.2 NAME 1.3 STREET ADDRESS				
CITY-ST-ZIP	DAVIE FL 33314	00111						
TITLE		DELE			ST-ZIP	· · ·	Change	Addition
NAME		•	2.2 N					_
STREET ADDRESS			1		ADDRESS			
CITY+ST-ZIP					ST-ZIP			
TITLE	-	DELE					Change	Addition
NAME			3.2 N	AME			_	
STREET ADDRESS			335	REET	ADDRESS			
CITY-ST-ZIP			3.4. C	ITY - S	ST-ZIP			
TITLE		DELE	ETE 4.1 TO	TLE			Change	Addition
NAME			4. 2 N	AME				
STREET ADDRESS			4.3 \$1	reet	ADDRESS			
CITY-ST-ZIP				TY - \$	ST - ZIP			
TITLE		☐ DELE	5.1 TC	TLE			Change	Addition
NAME			5.2 N	AME				
STREET ADDRESS			5.3 \$1	REET	ADDRESS			
CITY-ST-ZIP					ST-ZIP			
TITLE		☐ DETE					Change	Addition
NAME			6.2 N					
STREET ADDRESS			6.3 S	TREET	ADDRESS			
CITY-ST-ZIP					ST-ZIP			
44 I barabi e		and the first of the second and a second and a second			tion stated in i	Costino 110 07/9/(i) Elocido Ctatutas I fueb	ar aartitudhat th	an information

indicated on this annual report is supplied with rules litting does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report is respectively. It 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 exposurements 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 an allocularity with an address.

2-10-98