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 # P96000096140 (4)

FILED May 19 1998 8:00am Secretary of State

AVCOM TECHNOLOGIES INC. Principal Place of Business 123 NW 13TH ST, SUITE 214-01 BOCA RATON FL 33432 Mailing Address 123 NW 13TH ST, SUITE 214-01 BOCA RATON FL 33432						į	DO NOT WRITE IN THIS SPACE				
}							3. Date Incorporated or Qualified				٦
							11/26/1996				
2. Principal P	lace of Business	2a. Mailing Address					4. FEI Number		TAI	pplied For	1
21		26	26				65-0695666		N ₁	ot Applicable	1
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u>⊢</u> ¬ ' '				5. Certificate of Status Desired			Additional equired]
City & Stat	е	City & State				6. Election Campaign Financing	-,,	\$5.00	May Be	7	
23		28				Trust Fund Contribution			to Fees		
j Zip	Country	Zip Country]	8. This corporation owes or has pa					
24	25	29]				Personal Property Tax due June 30. Yes No					4
	9. Name and Address of Curren	t Registered Agent					10. Name and Address of New Re	gistered A	gent		4
	NING, REIN			81	Name						
	B NW 13TH ST, SUITE 214-01 CA r aton fl 33432			82	Street A	Address (P.O. Box Number is Not Acceptable)				· · · · · · · · · · · · · · · · · · ·	1
				В3							7
}				84	City				85 Zip	Code	┨
								FL			
11. Pursuant	to the provisions of Sections 607 0502 egistered agent, or both, in the State	2 and 607 1508, Florida Statut	es, the a	bove	s-named e	corpor	ation submits this statement for the p	urpose of	changing i	ts registered	7
agent. I a	m familiar with, and accept the obliga	ilions of Section 607.0505, Fi	orida Sta	tutes	ine corp	NI GUOI	To board of theolors. Thereby does	и вно аррс	inkinoni as	registered	
SIGNATURE											1
Signature, typed or puning name of registered agent and (de if applicable (NOTE, 8				legistered Agent signature require				DATE	DIRECTO!	20 11 10	-6
12.	OFFICERS AND	DELETE DELETE	13.	71.6			ADDITIONS/CHANGES TO OFFIC		Change	Addition	8
NAME	D L DELETE L DELETE			1.1 TITLE 1.2 NAME					Unange	Accition	15
STREET ADDRESS	P O BOX 816 N/A		1.3 STREET ADDRESS								8
	BOCA RATON FL 33429										l c
CITY-ST-ZIP TITLE	D D	DELETE	1.4 CITY - ST - ZIP 2 1 TITLE		1-211	·			Change	Addition	8
NAME	BANDEMER, RICHARD A	ДД 000001		2.2 NAME							}
STREET ADDRESS 7040 W PALMETTO PARK RD #2106			2.3 STREET ADDRESS								1
CITY-ST-ZIP	BOCA RATON FL 33433	#2100									ı
TITLE	BOOK WATON 12 00400	DELETE	_	2. 4 CITY - ST - ZIP 3.1 TITLE					Change	Addition	1
NAME					3.2 NAME						1
STREET ADDRESS			3 3 STRE								
CITY-ST-ZIP			3.4. C		1						
TITLE		DELETE		4,1 TITLE					Change	Addition	1
NAME			4.2 N	IAME							
STREET ADDRESS			4.3 ST	REET	ADDRESS						
CITY-ST-ZIP			4.4 CI	1Y-S1	[- Z(P						
TITLE		☐ DELETE	5.1 TITLE						Change	Addition]
NAME			5.2 N	5.2 NAME							1
STREET ADDRESS	T ADDRESS		5.3 ST	5.3 STREET ADDRESS							
CITY-ST-ZIP			5,4 CI	5.4 CITY - ST - ZIP							
TITLE	☐ DELĒTE 6		6.1 TI	5.1 TITLE				•	Change	Addition	
NAME			6.2 N	AME	- 1						
STREET ADDRESS		/2	6.3 ST	REET.	ADDRESS						1
				TY-\$1		.,]
14 I hereby o	certify that the information supplied wi	that his bring does not qualify to	or the exe	empl	ion states	d in Se	ction 119.07(3)(i), Florida Statutes. I	further cer	lify that the	information	1

14. Hereby certify that the information supplied with this bring bles 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 supplemental annual report or supplemental annual report or supplemental annual report of the corporation or the receive or truffee 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 allachness with an address.

REIN LININ

4/20/GD

561-362-4999