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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000102569 (6)

PHILACOM INC.

Principal Place of Business

Mailing Address

FILED Apr 15 1997 8:00am Secretary of State



8 SURF ROAD OCEAN RIDGE I	FL 33435		8 SURF ROAD OCEAN RIDGE FL 33435-7324							
-							3. Date Incorporated or Qualified 12/20/1996	3a. Da	ite of Last R	Report
2. Principal P	lace of Busine	985	2a. Mailing Address				4. FEI Number			pplied For
21 Contra Arct	At		Suite, Apt. #, etc.			65-0722529		 	ot Applicable	
Suite, Apt			27			5. Certificate of Status Desired			Additional equired	
City & State	0		City & State			Election Campaign Financing Trust Fund Contribution				
Zip 24		Country 25	Z(p Country 30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes 🔀 Yes 🔲 No			
	g, Name a	and Address of Curren					10. Name and Address of New Registered Agent			
CICC	A NHOL, UK				81	Name				
8 SURF ROAD OCEAN RIDGE FL 33435						Street Add	ress (P.O. Box Number is Not Acceptab	le)		
					вз			· · · · · · · · · · · · · · · · · · ·		
					84	City		FL	85 Zip	Code
11. Pursuant	to the provision	ons of Sections 607.0502	2 and 607.1508. Florida Sta	atutes, the at	bove	a-named cor	poration submits this statement for the p		changing i	ts registered
office or r	registered age	int, or both, in the State.	of Florida. Such change wa	as authorize	d by	the corpora	ition's board of directors. I hereby accep	t the app	ointment as	registered
agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE	Signature typed o	r printed name of registered ager	nt and title if applicable (f	NOTE: Registerer	d Age	n) signature requ	ired when reinstating)	DATE		
12.		OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	RS IN 12
1111.6	Ď		DELETE	1.1 TI	TLE			-	Change	Addition
NAME	CICCIU, JO			12 N	AME					
STREET ADDRESS	8 SURF ROAD				reet	ADDRESS	•			J
CHY S1-73°	OCEAN RI	DGE FL 33435		1.4 CI	TY-SI	T- ZIP				
THUE			☐ DELETE	2 1 TI	TLE				Change	Addition
NAME				2.2 N/	2.2 NAME			2.4		ļ
STREET ADDRESS				2.3 \$1	TREET	ADDRESS				
CHTY-ST-ZIP						ST-ZIP		,		
1111.6	DELETE 3.1					- 1			Change	Addition
NAME				3.2 N/						
STREET AODRESS						ADDRESS				
C-1Y - S1 - 7/P			T ACCETE			ST-ZIP			TTT C	T Addition
1071.6			☐ DELETE	4.1 Tr					Change	Addition
NAME	}			4.2 N						
STREET ADORESS						ADDRESS				
CITY-ST ZIF	,		DELETE	4.4 CI		T-ZIP			Change	Addition
TITLE			FT Dereit	5.1 T#					T cusurge	TT VOORDOIL
NAME				5.2 N/						
STREET ADDRESS						ADDRESS]
CHY ST-74			DELETE	5.4 CI		T-ZIP			Change	Addition
Title			L, J DELETE	6.1 TI					rmi cuange	Addition
NAME				6.2 N/						
STREET ADDRESS						ADDRESS .				
CITY ST-ZIF	J			6.4 CI	TY-S	1-ZIP				

14. I do nereby 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

SIGNATURE: