

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000014404 (2)
1. Corporation Name
UTILICOM SERVICES, INC.



Principal Place of Business 5434 WEST SAMPLE ROAD, SUITE 284 MARGATE FL 33073	Mailing Address 5434 WEST SAMPLE ROAD, SUITE 284 MARGATE FL 33073
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 21000 BOCA RIO RD. Suite, Apt. #, etc. 22 A-9 City & State 23 BOCA RATON FL. Zip 24 33432		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 02/13/1997 4. FEI Number 65-0741353 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name IRA JOSEPH	82 Street Address (P.O. Box Number is Not Acceptable) 21000 BOCA RIO RD.	83 SUITE A-9	84 City BOCA RATON	85 Zip Code 33432
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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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *IRA A. JOSEPH* DATE 4/24/98
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	
NAME	LEWIS, ROBERT	1.2 NAME	
STREET ADDRESS	5434 WEST SAMPLE ROAD, SUITE 284	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL 33073	1.4 CITY-ST-ZIP	
TITLE	SO	2.1 TITLE	
NAME	JOSEPH, IRA	2.2 NAME	
STREET ADDRESS	5434 WEST SAMPLE ROAD, SUITE 284	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL 33073	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:

IRA A. JOSEPH

4/24/98 561-470-4870

CR2E034 (10/97)