

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90091 029 ***150.00

DOCUMENT # P97000014404

1. Corporation Name

UTILICOM SERVICES, INC.

Principal Place of Business

21000 BOCA RIO RD
STE 1-9
BOCA RATON FL 33433
US

Mailing Address

5434 WEST SAMPLE ROAD, SUITE 264
MARGATE FL 33073

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/13/1997

4. FEI Number

65-0741353

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 6256 VIA PALLADIUM

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

23 BOCA RATON FL

27

City & State

Zip

24 33433

Country

25 PALM BEACH

Zip

29

Country

30

9. Name and Address of Current Registered Agent

JOSPEH, I
21000 BOCA RIO RD
STE A-9
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81

Name

JOSEPH, IRA

82

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

6256 VIA PALLADIUM

83

City

BOCA RATON

84

State

FL

85

Zip Code

33433

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 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

3/16/99

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME LEWIS, ROBERT
STREET ADDRESS 5434 WEST SAMPLE ROAD, SUITE 264
CITY-ST-ZIP MARGATE FL 33073

TITLE SD ☐ DELETE

NAME JOSEPH, IRA
STREET ADDRESS 5434 WEST SAMPLE ROAD, SUITE 264
CITY-ST-ZIP MARGATE FL 33073

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/16/99 561-391-6656

CR2E034 (11/98)