

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 # P97000017752 (1)

1. Corporation Name
DOCOMA, INC.

Principal Place of Business
C/O ROBERT SPIERING
115 EAST TURGOT AVENUE
EDGEWATER FL 32132

Mailing Address
C/O ROBERT SPIERING
115 EAST TURGOT AVENUE
EDGEWATER FL 32132

FILED
Mar 26 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1708 S. RIDGEWOOD AVE		26 - SAME -		02/25/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3435470	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 EDGEWATER, FL		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24 32132		29		30	
Country		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25 USA		29		30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SPIERING, ROBERT 115 EAST TURGOT AVENUE EDGEWATER FL 32132		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	GENERAL MGR.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert S. Spiering	1.2 NAME	
STREET ADDRESS	115 E. Turgot Ave	1.3 STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER, FL 32132	1.4 CITY-ST-ZIP	
TITLE	Richard Allen	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OFFICER	2.2 NAME	
STREET ADDRESS	206 Quay Assisi	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW Smyrna Bch FL	2.4 CITY-ST-ZIP	
TITLE	OFFICER	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bill Coon	3.2 NAME	
STREET ADDRESS	214 Quay Assisi	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW Smyrna Bch FL 32169	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 *[Signature]* 2-25-98

CR2E034 (10/97)