
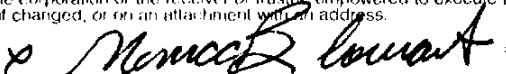


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000020944 (9) 1. Corporation Name VERICOM INC.					
Principal Place of Business 1752 BRANCHWATER TRAIL ORLANDO FL 32825			Mailing Address 1752 BRANCHWATER TRAIL ORLANDO FL 32825		
2. Principal Place of Business 21 8617 E. Colonial Dr. Suite, Apt. #, etc. 22 Orlando FL City & State 23 32826 Zip Country		2a. Mailing Address 24 Suite 1500 Suite, Apt. #, etc. 25 Orlando FL City & State 26 32826 Zip Country		3. Date Incorporated or Qualified 03/03/1997 4. FEI Number 59-343 1948 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 checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent COWART, MONICA 1752 BRANCHWATER TRAIL ORLANDO FL 32825			10. Name and Address of New Registered Agent 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE		NAME		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME		COWART, MONICA		1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS		1752 BRANCHWATER TRAIL		1.2 NAME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
CITY-ST-ZIP		ORLANDO FL 32825		1.3 STREET ADDRESS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE		COWART, ROBBY		1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		1752 BRANCHWATER TRAIL		2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS		ORLANDO FL 32825		2.2 NAME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
CITY-ST-ZIP				2.3 STREET ADDRESS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE				2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS				3.2 NAME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
CITY-ST-ZIP				3.3 STREET ADDRESS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE				3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS				4.2 NAME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
CITY-ST-ZIP				4.3 STREET ADDRESS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE				4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS				5.2 NAME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
CITY-ST-ZIP				5.3 STREET ADDRESS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE				5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS				6.2 NAME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
CITY-ST-ZIP				6.3 STREET ADDRESS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE				6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME					
STREET ADDRESS					
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:  1-26-98					

CR2E034 (10/97)