SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700098194 (8)

MAPCOMM USA, INC.

Principal Place of Business

FILED Aug 12 1998 8:00am Secretary of State

BRANDON FL 33511 1971 WEST LUMSDEN ROAD SUITE 327 SUITE 327 BRANDON FL 33511 BRANDON FL 33511		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/18/1997									
2. Principal Place of Business 2a. Mailing Address						4. FEI Number			Applied For		
26						59-3478635	r		\$8.75 Additional		
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired		Fee Required				
City & State City & State						Election Campalgn Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
Zip 24	Country Zip Cou			nlry		B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No					
	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
EKO	NOM IDE S, NICKOLAS C			81 Name ~							
201 N. F r anklin street Suite 23 5 0			•	82	Street Addre	d Address (P.O. Box Number is Not Acceptable)					
TAMPA FL 33602				83			-				
				84	City		FL	85 Zi	p Code		
l office or	t to the provisions of sections 607.0502 registered agent, or both, in the State o am familiar with, and accept the obliga	of Florida, Such change was	authorized	l by th	amed corpora he corporatio	ation submits this statement for the pu on's board of directors. I hereby accep	rpose of chi the appoir	nging its Iment as	registered registered		
SIGNATURE	-	Levi K. P. II.	OTC. D. J.			In-duction wheeting)	DATE	-			
12.	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registe OFFICERS AND DIRECTORS 13.			red Age	eur aiðuarnia tedni	ADDITIONS/CHANGES TO OFF		DIREC	TORS IN 12		
TITLE	P. T. and D	DELETE 1.17		LE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	77		
NAME	Murdoch Gillingh			ME			•				
STREET ADDRESS				REETA	DDRESS						
CITY-ST-ZIP				ry-ST-Z	!IP						
TITLE	YP and S DELETE 211		2.1 TIT	LE				Change	e Addition		
NAME	VP and S DELETE 21TI			ME	AE .						
STREET ADDRESS				REETA	DDRESS						
CITY-ST-ZIP	FJ 33569 240			Y-ST-2	(IP		<u> </u>	7.1			
TITLE		DELETE	3.1 TIT	LE			[Change	e Addition		
NAME	3.2			ME							
STREET ADDRESS			3.3 STF	REET AL	DDRESS						
CITY-ST-ZIP				Y-ST-Z	(IP						
TITLE		L DELETE	4.1 TIT				l	Change	a Addition		
			4.2 NA								
STREET ADDRESS					DDRESS						
CITY-ST-ZIP				ry-st-z	IP .			-			
TITLE		DELETE	5.1 TIT				l	Change	e Addition		
NAME			5.2 NA								
STREET ADDRESS					DORESS						
CITY-ST-ZIP				Y-ST-Z	IP		 ,	-			
TITLE		DELETE	6.1 TIT				l	Change	e Addition		
NAME			6.2 NA								
STREET ADDRESS					DORESS						
CITY-ST-ZIP		- <u>, , </u>	6.4 CIT	Y-ST-Z	IP .						

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.