## 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 # 1. Corporation Name P97000104718 (6)

## NETWORK COMMUNICATIONS ELECTRONICS CORP.

Principal Place of Business Mailing Address

## **FILED** Apr 30 1998 8:00am Secretary of State



5775 SOUTH ROVAN POINT LECANTO FL 34461			5775 SOUTH ROVAN POINT LECANTO FL 34461				
							DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified
2. Principal Place of Business			2a. Mailing Address				12/11/1997 4. FEI Number Applied For
			26				S9-348230 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				S8.75 Additional
22			27				5. Certificate of Status Desired Fee Required
City & State			City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country			Zip Country				This corporation owes or has paid the current year Intangible
24	25	29	Eib	30			Personal Property Tax due June 30. Yes No
24	g. Name and Addres		ored Agent	1301			10. Name and Address of New Registered Agent
			<u> </u>		81	Name	ne
KIERZYNSKI, MICHAEL J 5143 COMMERCIAL WAY					CO D. M. W. (CO D. M. W. in Mark Association)		
SPRING HILL FL 34606			82			Street	et 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 Stoneture, lycod or printed name of registered apent and little if applicable (NOTE Registered Agent signature required when reinstalling)  DATE							
12.		FFICERS AND DIRECT		13.	-		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		DELETE	1.1 10	LE		Change Addition
NAME	DESHAZO, SANDE	RA L		1.2 N/	ME		
STREET ADDRESS	5775 SOUTH ROV			1.3 ST	AEET	ADDRESS	ss
CITY-ST-ZIP	LECANTO FL 344			1.4 Cf	TY-S	T - ZIP	
TITLE				2.1 Ti	2.1 TITLE		☐ Change ☐ Addition
NAME				2.2 N/	ME		
STREET ADDRESS				2.3 ST	REET	ADDRESS	ss
CITY-ST-ZIP				2 4 C	ITY-S	ST - ZiP	
TITLE			DELETE 31		31 TITLE		Change Addition
NAME				3.2 N/	ME		V
STREET ADDRESS				3.3 ST	REET	ADDRESS	SS
CITY-ST-ZIP				3.4. C	ITY-S	ST-ZIP	
TITLE			☐ DELETE	4.1 TF	TLE		Change Addition
NAME				4. 2 N	AME		
STREET ADDRESS				4.3 ST	REET	ADDRESS	SS
CITY-ST-ZIP				4.4 CI	TY-S	T-ZIP	
TITLE			DELETE	5.1 TI	TLE		Change Addition
NAME				5.2 NA	ME		
STREET ADDRESS				5.3 \$1	REET	ADORESS	SS
CITY-ST-ZIP				5.4 CI		T-ZIP	
TITLE			☐ DELETE	6.1 11	TLE		Change Addition
NAME				6.2 N	ME		
STREET ADDRESS				6.3 ST	REET	ADDRESS	SS
CITY-ST-ZIP		10 10 10 10 10 10 10 10 10 10 10 10 10 1		6.4 CI			ALL CONTRACTOR OF CONTRACTOR O
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 of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attaction with an address.							