

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
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90003 029 ***158.75

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DOCUMENT # P98000036428

1. Corporation Name
TRUCOM, INC.

Principal Place of Business
405 SOUTH NORTHLAKE BLVD. #2051
ALTAMONTE SPRINGS FL 32701

Mailing Address
405 SOUTH NORTHLAKE BLVD. #2051
ALTAMONTE SPRINGS FL 32701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/22/1998

4. FEI Number

59-3512390

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

7. This corporation owes the current year Intangible
Personal Property Tax.



Yes



No

2. Principal Place of Business

2a. Mailing Address

21 717 SECRET HARBOR LN.

26 717 SECRET HARBOR LN.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 207

27 # 207

City & State

City & State

23 LAKE MARY, FL

28 LAKE MARY, FL

Zip

Country

Zip

Country

24 32746

25 USA

29 32746

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOWD, H R
1329 EAST ALTAMONTE DR. #107
ALTAMONTE SPRINGS FL 32701

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 ☐ 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

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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 VICE - PRESIDENT (V)

☐ Change

☒ Addition

1.2 NAME DOWD, H. R.

1.3 STREET ADDRESS 1329 EAST ALTAMONTE DR. #107

1.4 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

2.1 TITLE PRESIDENT (P)

☒ Change

☐ Addition

2.2 NAME SACHIN SANGVIKAR

2.3 STREET ADDRESS 717 SECRET HARBOR LN, #207

2.4 CITY-ST-ZIP LAKE MARY, FL 32746

3.1 TITLE JOHN BARBIC VICE - PRESIDENT (V)

☐ Change

☒ Addition

3.2 NAME JOHN BARBIC

3.3 STREET ADDRESS 1833 DIFFY COURT

3.4 CITY-ST-ZIP LAKE MARY FL 32746

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:

Sachin Sangvikar

(SACHIN SANGVIKAR, PRESIDENT)

01/05/98

(407)-328-8160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)