


AMOUNT DUE ON OR BEFORE 09/13/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$150)

FILED
Jul 22, 1999 8:00 am
Secretary of State

07-22-1999 90019 007 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000056008 1. Corporation Name PECOM, INC.			
Principal Place of Business 501 CONSTRUCTION LANE LEHIGH FL 33936		Mailing Address 501 CONSTRUCTION LANE LEHIGH FL 33936	
DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/22/1998			
2. Principal Place of Business 21 420 LEE BLVD Suite, Apt. #, etc. 22		2a. Mailing Address 26 420 LEE BLVD Suite, Apt. #, etc. 27	
City & State 23 LEHIGH ACRES Zip 24 33936		City & State 28 LEHIGH ACRES Zip 29 33936	
Country 25 FL		Country 30 FL	
9. Name and Address of Current Registered Agent HEEKIN, JOHN CHARLES 21202 OLEAN BLVD, STE C-2 PORT CHARLOTTE FL 33952		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 STREET ADDRESS CITY-STATE-ZIP DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP DELETE		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP DELETE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP Change Addition	
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 as an attachment with an address.			
SIGNATURE: <u>PETER ECKHOFF</u> 7/13/99 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (5/99)