

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
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90035 003 ***550.00

DOCUMENT # P98000060215

1. Corporation Name
FORCOM HOLDINGS, INC.

Principal Place of Business
1544 S.W. 75TH AVENUE
MIAMI FL 33155

Mailing Address
4544 S.W. 75TH AVENUE
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13767 S.W. 139 Court
Suite, Apt. #, etc.

2a. Mailing Address
13767 S.W. 139 Court
Suite, Apt. #, etc.

3. Date Incorporated or Qualified
07/06/1998

4. FEI Number
65-0860687

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

City & State
Miami, FL

City & State
Miami, FL

Zip Country
33186 Dade

Zip Country
33186 Dade

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EVANS, JAMES C ESQ
CATLIN, SAXON, TUTTLE AND EVANS, P.A.
169 EAST FLAGLER STREET #1700
MIAMI FL 33131

81 Name
Harry R. Wheeler 111

82 Street Address (P.O. Box Number is Not Acceptable)
13767 S.W. 139 Court

83

84 City
Miami FL 85 Zip Code
33186

I, 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

7/1/99

DATE

2. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | PTD | <input type="checkbox"/> DELETE |
| NAME | WILSON, PATRICIA A | |
| STREET ADDRESS | 4544 S.W. 75TH AVENUE | |
| CITY-STATE-ZIP | MIAMI FL 33155 | |
| TITLE | VSD | <input type="checkbox"/> DELETE |
| NAME | WHEELER, HARRY R III | |
| STREET ADDRESS | 4544 S.W. 75TH AVENUE | |
| CITY-STATE-ZIP | MIAMI FL 33155 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|----------------------|--|
| 1.1 TITLE | VID | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | WILSON, PATRICIA A. | |
| 1.3 STREET ADDRESS | 13767 S.W. 139 COURT | |
| 1.4 CITY-STATE-ZIP | MIAMI FL 33186 | |
| 2.1 TITLE | PSD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | WHEELER, HARRY R 111 | |
| 2.3 STREET ADDRESS | 13767 S.W. 139 COURT | |
| 2.4 CITY-STATE-ZIP | MIAMI FL 33186 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-STATE-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-STATE-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-STATE-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-STATE-ZIP | | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0223902