

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **S09272** (3)
1. Corporation Name
IN-COMM, INC.

95 MAY 11 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **20855 NE 16 AVE SUITE C-17 MIAMI FL 33179 US**
Mailing Address: **20855 NE 16 AVE SUITE C-17 MIAMI FL 33179 US**

2. Date Incorporated or Qualified: **10/17/1990**
2a. Date of Last Report: **08/04/1994**
4. FEI Number: **65-0224327**
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 has liability for intangible tax under Section 199.04, Florida Statutes: Yes No

21. Principal Place of Business: Suite Apt. # etc. City & State. Zip. Country.
22. Suite Apt. # etc. City & State.
23. City & State.
24. City. 25. Country. 29. City. 30. Country.

9. Name and Address of Current Registered Agent
**MOHR, JERRY
20855 NE 16 AVE
SUITE C-17
MIAMI FL 33179**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City. 85. State: **FL**

11. Pursuant to the provisions of Sections 607.011 and 607.012, 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 a member and I understand the obligations of Section 607.011, Florida Statutes.

SIGNATURE: _____ Signature of Registered Agent (Agent of registered corporation only)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CANDIDATES FOR OFFICERS AND DIRECTORS	
1. NAME 2. STREET ADDRESS 3. CITY, STATE, ZIP	DP MOHR, JERRY 20855 NE 16 AVE, SUITE C-17 MIAMI FL	1. NAME 2. STREET ADDRESS 3. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
4. NAME 5. STREET ADDRESS 6. CITY, STATE, ZIP		4. NAME 5. STREET ADDRESS 6. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
7. NAME 8. STREET ADDRESS 9. CITY, STATE, ZIP		7. NAME 8. STREET ADDRESS 9. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
10. NAME 11. STREET ADDRESS 12. CITY, STATE, ZIP		10. NAME 11. STREET ADDRESS 12. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
13. NAME 14. STREET ADDRESS 15. CITY, STATE, ZIP		13. NAME 14. STREET ADDRESS 15. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
16. NAME 17. STREET ADDRESS 18. CITY, STATE, ZIP		16. NAME 17. STREET ADDRESS 18. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.071(1)(b), 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. I am an officer or director of this corporation, or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: **JERRY R. MOHR** 5-8-95 305-654-8958
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR