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

DOCUMENT # \$19022 1. Corporation Name

LANCOM CORP

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90038 018 ***150.00



Principal Place	of Business	Mailing Address						
1600 SW 56TH AVENUE 1600 SW 56TH AVENUE		1600 SW 56TH AVENUE						
PLANTATION FL 33317		PLANTATION FL 33317			DO NOT WRITE IN THIS SPACE			
us us		05		3. Date Incorporated or Qualifed				
	,			11/21/1990				
2 Principal Pl	lace of Business Circle			4. FEI Number		App	plied For	
21 2601 West ASIACA (26 260/ W. ASIA			Circle	65-0241886	1	Not	t Applicable	
Suite, Apt.		Suite, Apt. #, etc.		5. Certifcate of St		\$8.75 A		
22		27		5. Certificate of St	alus Desileu 🗀	Fee Re	quired	
City & State		\vdash $\land \land \land \land \vdash \vdash \land \land \land \land \vdash \land \land \land \land \vdash \land \land \land \land$	l _A		6. Election Campaign Financing S5.00 May Trust Fund Contribution Added to Fe		- ,	
Zip 7332	Country Country U.S.	Zip 73328 30 Co	untry	Personal Prope		☐ Yes	⊠ ‰	
	9. Name and Address of Current	Registered Agent			dress of New Registe	red Agent		
	NE MARTIN		81 Name	Leure, 1	MARTIN			
LEVINE, MARTIN			82 Street	Address (P.O. Box Numbe				
1600 SW 56TH AVENUE			02 -					
PLANTATION FL 33317			83	160/ West	ASIACA	Cral	_	
			84 City	2000		E1 85 Zin 9	2 p	
44 5	to the provisions of Sections 607.0502	and 607 1508 Elorida Statutas, the	ahove-named	corporation submits this st	atement for the purpos	e of changing its	registered	
office or r	to the provisions of Sections 607.0502 egistered about, or bott in the State of in familiar with, and accept the object	of Florida. Such change was authorize	d by the corp	oration's board of directors	I hereby accept the a	ppointment as req	g iste red——	
agent.	m familiar with, and accept the obligat	ions of, Section 607.0505, Florida Sta	ilules.		· /- /- /- /-	21-99		
SIGNATURE	Signiture, typed or printed name of registered agen	t and title if applicable. (NOTE: Registere	ed Agent signature	equired when reinstating)	DAT	E .		
12.	OFFICERS AN			· ADDITIONS/CH	ANGES TO OFFICER			
TITLE	D	DELETE 1.11	IIILE			Change	☐ Addition	
NAME	LEVINE, MARTIN	1.21	NAME	م م. ا		3		
STREET ADDRESS	1600 SW 56TH AVENUE	1.3.5	STREET ADDRESS	2601 W. ALIV	and a conte			
CITY-ST-ZIP	PLANTATION FL 33317		CITY-ST-ZIP	DAVIE I-L	33328	Chongo	Addition	
TITLE	D	-	TITLE			Change	L Addison	
NAME	HELD, LAWRENCE		NAME					
STREET ADDRESS	9940 SW 69TH COURT		STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		<u> </u>	☐ Change	Addition	
TITLE			mle			□ ouarigo		
NAME			NAME					
STREET ADDRESS			STREET ADDRESS		# 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		a	
CITY-ST-ZIP			CITY-ST-ZIP			Change	Addition	
TITLE			NAME			_ ,	_	
NAME			STREET ADDRESS				Ì	
STREET ADDRESS			CITY-ST-ZIP					
CITY-ST-ZIP TITLE			TITLE			☐ Change	☐ Addition	
NAME			NAME		•			
STREET ADDRESS		5.33	STREET ADDRESS					
CITY-ST-ZIP		•		1			ì	
		5.4	CITY-ST-ZIP					
TITLE			TITLE			Change	☐ Addition	
NAME		DELETE 6.1				Change	Addition	
		DELETE 6.1 6.2	TITLE			☐ Change	☐ Addition	

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 consention or the receiver of 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:

954-461-9144