

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

 95 JAN 18 PM 2:38

DOCUMENT # V68665 (1) 1. Corporation Name POWERCOM, INC.
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Principal Place of Business P.O. BOX 271542 TAMPA FL 33688	Mailing Address P.O. BOX 271542 TAMPA FL 33688
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 09/30/1992	3a. Date of Last Report 01/21/1994	4. FEI Number 59-3147414	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 S. 199.032, Florida Statutes ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent NIZBORSKI, JAY 5004-A W. LINEBAUGH AVE. TAMPA FL 33624	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
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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]* **JAY A NIZBORSKI Pres** **1-13-95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NIZBORSKI, JAY 5008 W. LINEBAUGH AVE #5 TAMPA FL	11 TITLE ☐ Change ☐ Addition 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PUDELSKI, VINCENT 4200 BAY LAUREL CT. WAKE FOREST NC	21 TITLE ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RICHERT, WILLIAM 141 STONE RIDGE RD. FRANKLIN MA	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(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, 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.

SIGNATURE: *[Signature]* **JAY A NIZBORSKI Pres** **1-13-95** **573 762 0755**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number