

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V68665 (1)

1. Corporation Name
POWERCOM, INC.



Principal Place of Business

P.O. BOX 271542
TAMPA FL 33688

Mailing Address

P.O. BOX 271542
TAMPA FL 33688

3. Date Incorporated or Qualified
09/30/1992

3a. Date of Last Report
01/18/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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)

16114 Belle MEADE BLVD

83

84 City

ODESSA

FL

85 Zip Code

33556

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 607.0506, Florida Statutes.

SIGNATURE

Signature of principal or registered agent and the applicable

(Note: Registered Agent signature required when moving)

DATE

JAY A NIZBORSKI

1-29-96

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	NIZBORSKI, JAY	
STREET ADDRESS	5008 W. LINEBAUGH AVE #5	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	☐ DELETE
NAME	PUDELSKI, VINCENT	
STREET ADDRESS	4200 BAY LAUREL CT.	
CITY-ST-ZIP	WAKE FOREST NC	
TITLE	D	☐ DELETE
NAME	RICHERT, WILLIAM	
STREET ADDRESS	141 STONE RIDGE RD.	
CITY-ST-ZIP	FRANKLIN MA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	16114 Belle MEADE BLVD
1.4 CITY-ST-ZIP	ODESSA, FL. 33556
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAY A NIZBORSKI Pres.

1-29-96

813 962 0755

CR2E034 (12/95)