FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

NAME

STREET ADDRESS

CITY - ST - ZIP

Mar 24 1998 8:00am Secretary of State **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (1)PHASE TECHNOLOGY CORPORATION Principal Place of Business Mailing Address % WILLIAM HECHT % WILLIAM HECHT 6400 YOUNGERMAN CIR. 6400 YOUNGERMAN CIR. DO NOT WRITE IN THIS SPACE JACKSONVILLE FL 32244 JACKSONVILLE FL 32244 3. Date Incorporated or Qualified 06/24/1985 2. Principal Place of Business 29. Mailing Address 4. FEI Number Applied For 21 59-2745422 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 25 Personal Property Tax due June 30. 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HECHT, WILLIAM 6400 YOUNGERMAN CIR. 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32244 83 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE HECHT, WILLIAM NAME 1.2 NAME CR2E034 6400 YOUNGERMAN CIR. STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CiTY-ST-ZIP 1.4 City - St - ZiP DELETE Change Addition TITLE 2.1 TITLE HECHT, SONIA NAME 2.2 NAME 6400 YOUNGERMAN CIR. STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Change ■ Addition TITLE 3.1 TITLE MONTLACK, DONALD NAME 3.2 NAME 2767 N.W. 42ND AVE. STREET ADDRESS 3.3 STREET ADDRESS **COCONUT CREEK FL** CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change Addition TITLE 4.1 TITLE HECHT, KENNETH NAME 4 2 NAME 6400 YOUNGERMAN CIR. STREET ADDRESS A 3 STREET ANDRESS JACKSONVILLE FL 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE DELETE 6.1 TITLE Change

FILED

14. Thereby 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 adactment with an address. 3/13/98 (904) 777-0700 SIGNATURE:

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP