SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 22 AM 9:17

DOCUMENT # **P27973** **(7)**

1. Corporation Name

PLASMINE TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
4400 BAYOU BLVD. STE. 30-B PENSACOLA FL 32503 US	P. O. BOX 30209 PENSACOLA FL 32503 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/02/1990
3a. Date of Last Report: 07/19/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-2982267 ☐ 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

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	EMERSON, RALPH	12 NAME	
STREET ADDRESS	8867 BURNING TREE	13 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	JEN, JIM	22 NAME	
STREET ADDRESS	16 GALE BREAK CIRCLE	23 STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH GA	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	HAYES, TOM	32 NAME	
STREET ADDRESS	5122 GULL PT. RD.	33 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	HASEGAWA, YOSHIRIRO	42 NAME	HASEGAWA, YOSHIHIRO
STREET ADDRESS	DOSITO-MACHI, 4-CHOME	43 STREET ADDRESS	
CITY-ST-ZIP	OSAKA, 541, JAPAN	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	MARX, DR. M	52 NAME	Delete Dr. Morris Marx
STREET ADDRESS	2620 DUNSINANE RD.	53 STREET ADDRESS	from director list.
CITY-ST-ZIP	PENSACOLA FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☒ Change ☐ Addition
NAME	KUSAKA, JOSHI	62 NAME	KUSAKA, YOSHIMITSU
STREET ADDRESS	1-40-10 HACHOBORI, CHUO-KU	63 STREET ADDRESS	
CITY-ST-ZIP	TOKYO JA	64 CITY-ST-ZIP	

CR2E034 (3/95)

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: Thomas J. Hayes THOMAS J. HAYES 6/19/95 904-479-5881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0172727 FP