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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 04 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000031255 (0)

LAN TECHNOLOGY, INC.

City St-7:P

SIGNATURE:

Principal Place of Business Mailing Address  1355 W PALMETTO PARK RD SUITE 288  BOCA RATON FL 33486  Mailing Address  1355 W PALMETTO PARK RC SUITE 288  BOCA RATON FL 33486  BOCA RATON FL 33486							
BOOM HATON	72 5000	poor entrote the const			3. Date Incorporated or Qualified 04/18/1994	3a. Date of Last Report 01/31/1996	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number 65-0478087	Applied For Not Applicable	e	
Suite. Apt. # etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
<i>7</i> ip	Gountry	Zip	Cour	ntry	8. This corporation has liability for it		-
24	25]	29	30			Yes 🔲 No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Agent	
SW/	ANK, STEPHEN R.			81 Name			
	EAST ATLANTIC AVE		}	82 Street Add	dress (P.O. Box Number is Not Acceptab	le)	ᅱ
SUN	TE 100		1		and the first por the first to		
DEL	RAY BEACH FL 33483		Ī	83			
			<u> </u>	84 City		FL 85 Zip Code	
	to the provisions of Sections 607.05 egistered agent, or both, in the Stat in familiar with, and accept the oblig	02 and 607.1508, Florida State e of Florida. Such change was gations of, Section 607.0505, F	utes, the ab authorized orida Stati	ove-named co by the corpora utes.	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of changing its registered the appointment as registered	tc
SIGNATURE	Signature, typical or printed name of registered as	gent and title if applicable (NC	OTE Registered	Agent signature req	uired when reinslating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12	
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NAM:	PLATT, LEON T		1.2 NA	ME			
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NAME			5.2 NA	WE			
STREET ADDRESS			5.3 ST	REET ADDRESS			
CITY-S1-Z9			5.4 CI	1Y-ST-ZIP			
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NAMi			62 NA	ME			
STORET ANNOTES			12 6 3	DEET ADDRESS			- 1

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling 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 attachment with an address.

Date

Daytime Phone #