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

**OFIT** APORATION. KNNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P94000033044 (6)

MARKET AND TECHNOLOGY PARTNERS, INC.

**FILED** Jul 01 1996 8:00 am Secretary of State

Principal Place of	Business	Mailing A	Mailing Address								
5805 BLUE LAGOON DRIVE STE. 170 MIAM FL 33126			5805 BLUE LAGOON DRIVE STE. 170 Miami Fl 33126								
								rporated or Qualified	3a. Date		Report 1995
2. Principal Place	of Business	2a. Maili	ng Address				4. FEI Numl				Applied For
21	26	26				65-0489827 Not Applicable					
Suite, Apt. #, (		Suite Apt #, etc.				5. Certificat	e of Status Desired		<b>*</b>	75 Additional e Required	
City & State			& State				6. Election (	Campaign Financing		\$5.	<b>00</b> May Be
23	F	28			Trust Fund Contribution Added to Fees						
Zip	Country	Zip		Cour	ntry		8. This corp	oration has liability for	intangible ta	cunder	s 199.032,
24	25	29		30			Florida S		No 🗌 No		
	9. Name and Address of Curre	nt Registered	Agent				10. Name a	nd Address of New I	Registered A	gent	
					81	Name					
KATZ, R			82	Street Ac	ddress (P.Ö. Box Number is Not Acceptable)						
	ALZEDO STREET STE. 300 GABLES FL 33134			ŀ	83						
00102					84	Cit				85	Zip Code
	the provisions of Sections 607.050 Lagent, or both in the State of Ho					,			FL		•
12.	OFFICERS AF	ND DIRECTOR	IS DELETE	13. 1 t T	IILE		ADDITIO	NS/CHANGES TO OF			TORS IN 12 pc  Addition
TIFLE			E DECETE	1 3 I 12 N					L		,,
NAMÉ	LAMB, JOHN 5805 BLUE LAGOON DRI	VE Q1E 178	-			ADDRESS	suite :	3 1 C			
STREET ADDRESS		VE, 316-110	•	1		ST ZIF	SOUTE	510			
City - St - ZiP	MIAMI FL		DELETE	2 1 7		21 20			Γ	Chane	ge Addition
TITLE	VD Flood, David B		L] been	22 N		1			•		
NAME	5805 BLUE LAGOON DRI	VC 94E-1220	r			r address	6vite	210			
STREET ADDRESS	MIAMI FL	VE, SIE ITO				ST - ZIP	•.50116	30			
CITY - S1 - 7/P	TD		DELETE	3 1 1		31 - 21			[	Chan	ge 🔲 Addition:
NAME	HOPPER, RICHARD B		<u></u>	32 N					_		
STREET ADDRESS	5805 BLUE LAGOON DRI	VE STE 17	P			LADORESS	Suite	310			
CITY - S1 - ZIP	MIAMI FL	(VE) OIL 114	^			S1 - 7(F	20116	210			
TITLE	prop weer a fee	· · · · · · · · · · · · · · · · · · ·	DELETE	4 1 !						Chan	ge 🔲 Addition
NAME				42 N	AME	ĺ					
STREET ADDRESS				435	TREE	1 ADDRESS					
CHTY-ST-ZIP				440	)[[Y-	ST - ZIP					
TITLE			DELETE	5.1	TITLE	1			[	Chan	ge 🔲 Addition
NAME				52 N	IAME						
STREET AUDRESS				539	THEE	1 ADDRESS					
CiTY - ST - ZiP				540	MY-	ST - ZIP					
TITLE	,		☐ DELETE	6 1	TITLE				I	Char	ige 🔲 Add biun
NAME				621	NAME						
STREET ADDRESS				635	STREE	T ADDRESS					
City St. 7ip				640	GITY -	ST-ZIP					

14. I do hereby certify that the information supplied with this firing 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:

E. Famb SIGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 6/2/96 3052620881