

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

**FILED**  
**Feb 21, 1999 8:00 am**  
**Secretary of State**

02-21-1999 90034 049 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000061245**

1. Corporation Name  
**ARROWROCK TECHNOLOGY, INC.**



Principal Place of Business 6084 GLENDALE DRIVE BOCA RATON FL 33433	Mailing Address 6084 GLENDALE DRIVE BOCA RATON FL 33433
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	19196 CLOISTER LAKE LANE	26	19196 CLOISTER LAKE LANE	07/22/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0686118	
City & State		City & State		Applied For	
23		28		Not Applicable	
BOCA RATON, FL		BOCA RATON, FL		5. Certificate of Status Desired	
Zip		Zip		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		6. Election Campaign Financing Trust Fund Contribution	
24		29		<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
33498		33498		7. This corporation owes the current year Intangible Personal Property Tax.	
25		30		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
USA		USA			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BEHLING, CHRISTOPHER 6084 GLENDALE DRIVE BOCA RATON FL 33433				81 Name BEHLING, CHRISTOPHER			
				82 Street Address (P.O. Box Number is Not Acceptable) 19196 CLOISTER LAKE LANE			
				83			
				84 City BOCA RATON			
				85 Zip Code 33498			
				86 State FL			

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 Christopher Behling DATE 1-12-1999

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	D <input type="checkbox"/> DELETE	1.1 TITLE	DP BEHLING, CHRISTOPHER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEHLING, CHRISTOPHER	1.2 NAME	
STREET ADDRESS	6084 GLENDALE DRIVE	1.3 STREET ADDRESS	19196 CLOISTER LAKE LANE
CITY-ST-ZIP	BOCA RATON FL 33433	1.4 CITY-ST-ZIP	BOCA RATON, FL. 33498
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby 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 attachment with an address, with all other like empowered.

SIGNATURE: Christopher Behling DATE: 1-12-99 DAYTIME PHONE #: 561-221-2120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR