

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

**FILED**

**Apr 28 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000000758 (7)**  
1. Corporation Name  
**FLORIDA ROBOTICS, INC.**



Principal Place of Business <b>20751 STATE ROAD 520 #107 ORLANDO FL 32833</b>	Mailing Address <b>20751 STATE ROAD 520 #107 ORLANDO FL 32833</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>20751 State Rd. 520</b> Suite, Apt. #, etc. 22 <b>Suite 107</b> City & State 23 <b>Orlando FL</b> Zip 24 <b>32833</b> Country 25 <b>USA</b>	2a. Mailing Address 26 <b>20751 State Rd. 520</b> Suite, Apt. #, etc. 27 <b>Suite 107</b> City & State 28 <b>Orlando FL</b> Zip 29 <b>32833</b> Country 30 <b>USA</b>
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3. Date Incorporated or Qualified <b>01/01/1997</b>	4. FEI Number <b>59-3435432</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**MARTIN, RUSS  
20751 STATE ROAD 520 #107  
ORLANDO FL 32833**

10. Name and Address of New Registered Agent

81 Name <b>Russ Martin</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>20751 State Rd. 520</b>
83 Suite, Apt. #, etc. <b>Suite 107</b>
84 City <b>Orlando</b>
85 State <b>FL</b>
86 Zip Code <b>32833</b>

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 *Russ Martin* **Russ Martin** DATE **4-22-98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>LEUZZI, FAY</b>	
STREET ADDRESS <b>20751 STATE ROAD 520 #107</b>	
CITY - ST - ZIP <b>ORLANDO FL 32833</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>MARTIN, RUSS</b>	
STREET ADDRESS <b>20751 STATE ROAD 520 #107</b>	
CITY - ST - ZIP <b>ORLANDO FL 32833</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE *Russ Martin* **Russ Martin** DATE **4-22-98** **407.568.6176**

CR2E034 (10/97)