

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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APPROVED
AND
FILED

98 AUG -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # P97000044812 (0)
 1. Corporation Name
CDT TECHNOLOGIES, INC.

Principal Place of Business: **1350-E4 MAHAN DR. SUITE 244 TALLAHASSEE FL 32308**
 Mailing Address: **1350-E4 MAHAN DR. SUITE 244 TALLAHASSEE FL 32308**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/20/1997**

4. FEI Number: **59-3450110** 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

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2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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9. Name and Address of Current Registered Agent
DUNCAN, THOMAS E III
1350-E4 MAHAN DR, SUITE 244
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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: *[Signature]* DATE: **7/28/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE: **P** DELETE

NAME: **SIMPSON, DAVID**

STREET ADDRESS: **1350-E4 MAHAN DR, SUITE 244**

CITY-ST-ZIP: **TALLAHASSEE FL 32308**

TITLE: **V** DELETE

NAME: **DUNCAN, CATHERINE**

STREET ADDRESS: **2370 MAYAPPLE CT**

CITY-ST-ZIP: **TALLAHASSEE FL 32308**

TITLE: **ST** DELETE

NAME: **DUNCAN, THOMAS E III**

STREET ADDRESS: **2370 MAYAPPLE CT**

CITY-ST-ZIP: **TALLAHASSEE FL 32308**

TITLE: DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE: DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE: DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS: **000002608810--4**

1.4 CITY-ST-ZIP: **-08/06/98--01005--022**

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change 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: *[Signature]* DATE: **7/28/98**

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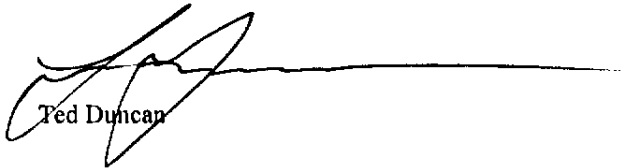
CR2E034 (5/98)

2012

July 30, 1998

Ted Duncan
Treasurer, CDT Technologies, Inc.
1350-E4 Suite 244
Tallahassee, FL 32308

Please accept this letter as a request to drop the \$400.00 late filing fee for CDT Technologies, Inc. Annual Report. I did not receive the first notice at the above address. Enclosed is the second notice request with a check for the \$150.00 filling fee.



Ted Duncan