

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 26, 1999 8:00 am
Secretary of State

08-26-1999 90008 001 ***550.00
 08-26-1999 90008 002 *****8.75

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000058399**

1. Corporation Name
THE MUNDY TECHNOLOGY GROUP, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**7 NORTH LAURENS STREET
 SUITE 337
 GREENVILLE SC 29601
 US**

Mailing Address
**7 NORTH LAURENS STREET
 SUITE 337
 GREENVILLE SC 29601
 US**

3. Date Incorporated or Qualified
07/03/1997

2. Principal Place of Business
21 1015 BEARVESTA Way, NE

2a. Mailing Address
26 1015 BEARVESTA Way, NE

4. FEI Number
65-0777955

Applied For
 Not Applicable

Suite, Apt. #, etc.
22

City & State
23 ATLANTA GA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

Zip
24 30329

Country
25 US

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

City & State
27 ATLANTA, GA

Zip
29 30329

Country
30 US

8. This corporation owes the current year Intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent
**SCHWARTZ, GERALD K
 1101 BRICKELL AVENUE
 SUITE M-100
 MIAMI FL 33131**

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 **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 *[Signature]* DATE **8/15/99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	MUNDY, JAMES	
STREET ADDRESS	1124 PERDITA WAY	
CITY-ST-ZIP	GREER SC 29650	
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		
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)(l), 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: **8/15/99** Phone: **800/959-3610**

CR2E034 (5/99)

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