


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

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90038 033 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000084616

1. Corporation Name
THINK TECHNOLOGIES, INC.

Principal Place of Business 879 TIVOLI CIRCLE SUITE 202 DEERFIELD FL 33341	Mailing Address 879 TIVOLI CIRCLE SUITE 202 DEERFIELD FL 33341
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 4045 SW 15th Street	26 4045 SW 15th Street			10/01/1997	
22 G-109	27 G-109	4. FEI Number		Applied For	
23 Pompano Beach	28 Pompano Beach	65-0787360		<input checked="" type="checkbox"/> Not Applicable	
24 33069	25 Broward	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
29 33069	30 Broward	<input checked="" type="checkbox"/>		Election Campaign Financing Trust Fund Contribution	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
DAVIES, ANDREW K 879 TIVOLI CIRCLE SUITE 202 DEERFIELD FL 33341		81 Name ANDREW K. DAVIES			
		82 Street Address (P.O. Box Number is Not Acceptable) 4045 SW 15th Street			
		83 Suite G-109			
		84 City Pompano Beach FL 85 Zip Code 33069			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIES, ANDREW K	1.2 NAME	
STREET ADDRESS	879 TIVOLI CIRCLE SUITE 202	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD FL 33341	1.4 CITY-ST-ZIP	
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: SIGNATURE REQUIRED 3/23/99 954978-6488
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)