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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 240433

BYRD UNDERSEA TECHNOLOGY CORP

Principal Place of Business Mailing Address 3345 NW SO RIVER DRIVE 4795 SW 78ST MIAMI FL 33142 MIAMI FL 33143 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/21/1960 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-0937152 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 25 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BYRD.WALTER 4795 S W 78 ST 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33143** 83 City Zip Code 85 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. quature, typed or printed harve of registerior agent and title if application (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1 1 TITEF BYRD, WALTER NAME 1.2 NAME PERASES 4795 S W 78 ST STREET ADORESS 1.3 STREET ADDRESS MAY 24-1997 MIAMI FL CITY-ST-ZIP 1.4 CITY - ST - ZIP Change DELFTE ■ Addition TITLE 21 TITLE BYRD.ALAN W 2.2 NAME NAME 7900 SW 50 COURT 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE ■ Addition TITLE 3.1 TITLE BYRD, DAVID T 3.2 NAME NAME 7645 SW 47 PLACE 3.3 STREET ADDRESS STREET ADDRESS MIAMI FL 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-7IP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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

6.4 CITY - ST - ZIP

SIGNATURE. alan

CITY - ST - ZIP

2/4/98

FILED

Feb 17 1998 8:00am

Secretary of State