

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

FILED  
May 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 370568 (8)  
1. Corporation Name  
TECHNOLOGIES OF FLORIDA, INC.

Principal Place of Business 5500 NW 69 AVE # 513  
5830 PINE TREE DRIVE  
MIAMI BEACH FL 33140  
LAUDERHILL, FL 33319

Mailing Address 5500 NW 69 AVE # 513  
5830 PINE TREE DRIVE  
MIAMI BEACH FL 33140  
LAUDERHILL, FL 33319



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 09/25/1970 4. FEI Number 59-1300879 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent MARLIN, SAMUEL H. 5830 PINE TREE DRIVE MIAMI BEACH FL 33140	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
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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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	
NAME	MARLIN, SAMUEL H.	12 NAME	
STREET ADDRESS	5830 PINE TREE DR	13 STREET ADDRESS	5500 NW 69th AVE. #513
CITY-ST-ZIP	MIAMI BEACH FL	14 CITY-ST-ZIP	LAUDERHILL, FL 33319
TITLE	SD	21 TITLE	
NAME	MARLIN, LILLIAN	22 NAME	
STREET ADDRESS	5830 PINE TREE DR	23 STREET ADDRESS	5500 NW 69th AVE. #513
CITY-ST-ZIP	MIAMI BEACH FL	24 CITY-ST-ZIP	LAUDERHILL, FL 33319
TITLE	D	31 TITLE	
NAME	MARLIN, ROBERT E.	32 NAME	
STREET ADDRESS	11200 S W 71ST AVE	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	
NAME	MARLIN, SAMUEL H.	42 NAME	
STREET ADDRESS	5830 PINE TREE DR.	43 STREET ADDRESS	5500 NW 69th AVE #513
CITY-ST-ZIP	MIAMI BEACH FL	44 CITY-ST-ZIP	LAUDERHILL, FL 33319
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: SAMUEL H. MARLIN - Samuel H. Marlin 5/7/98

CR2E034 (10/97)