SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 JUL 28 PM 1:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **666399** **(1)**

1. Corporation Name
PICOTRIN TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
3990 SEACREST BLVD ~~200 SILVER SANDS LANE~~ ℓ LANTANA FL 33462 US	3990 SEACREST BLVD. LANTANA FL 33462-5140 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/10/1980
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21: 3990 SEA CREST BLVD
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23: LANTANA FL.
City & State — 28:
Zip — 24: 33462
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: NOT APPLICABLE ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BRAND,JR., LEONARD A.
3990 SEACREST BLVD
LANTANA, FLORIDAS 33462

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	DP	☑ Change ☐ Addition
NAME	BRAND, HUNT K.	12 NAME	BRAND, HUNT K.	
STREET ADDRESS	3990 SEACREST BLVD	13 STREET ADDRESS	6515 BAY STREET	
CITY ST ZIP	LANATANA FL	14 CITY ST ZIP	ST. PETE BEACH, FL 33706	
TITLE	DVT	21 TITLE		☐ Change ☐ Addition
NAME	BRAND, JR., LEONARD A.	22 NAME		
STREET ADDRESS	3990 SEACREST BLVD	23 STREET ADDRESS		
CITY ST ZIP	LANTANA, FL. 00000	24 CITY ST ZIP		
TITLE	DS	31 TITLE		☐ Change ☐ Addition
NAME	BRAND, MARJORIE H.	32 NAME		
STREET ADDRESS	3990 SEACREST BLVD	33 STREET ADDRESS		
CITY ST ZIP	LANTANA, FL. 00000	34 CITY ST ZIP		
TITLE	DV	41 TITLE		☐ Change ☐ Addition
NAME	BRAND, III LEONARD A.	42 NAME		
STREET ADDRESS	5600 N DIXIE HWY #1506	43 STREET ADDRESS		
CITY ST ZIP	W PALM BCH FL	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Hunt K. Brand HUNT K. BRAND 7/24/95 813/363-7164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0181455 FP