

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 4/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Northam
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 JUL 25 AM 8:06

DOCUMENT # F94000002455 (3)

1. Corporation Name
B.C.E. TECHNOLOGIES, INC.

Principal Place of Business Mailing Address
618 WARE BLVD. TAMPA FL 33618 **618 WARE BLVD. TAMPA FL 33618**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/11/1994** 3a. Date of Last Report
 4. FEI Number: **59-2942163** 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**
 6. This corporation has liability for intangible tax under s. 189.032, Florida Statutes: Yes No

2. Principal Place of Business 2a. Mailing Address
 21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
 22. City & State 27. City & State
 23. Zip 28. Zip 29. Country 30. Country

9. Name and Address of Current Registered Agent
WHITTEMORE, DONALD H
501 E. KENNEDY BLVD., STE 1400
TAMPA FL 33602

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

12. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	WOODSIDE III, JAMES J
STREET ADDRESS	618 WARE BLVD.
CITY - ST - ZIP	TAMPA FL
TITLE	TSD
NAME	WOODSIDE, BARBARA F
STREET ADDRESS	618 WARE BLVD.
CITY - ST - ZIP	TAMPA FL
TITLE	VD
NAME	WOODSIDE, THERESA A
STREET ADDRESS	618 WARE BLVD.
CITY - ST - ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	WOODSIDE III, JAMES J.	
13 STREET ADDRESS	618 WARE BLVD.	
14 CITY - ST - ZIP	TAMPA, FL 33619	
21 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	WOODSIDE, THERESA A.	
23 STREET ADDRESS	618 WARE BLVD.	
24 CITY - ST - ZIP	TAMPA, FL 33619	
31 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	FRANKENBERG, JAY	
33 STREET ADDRESS	618 WARE BLVD.	
34 CITY - ST - ZIP	TAMPA, FL 33619	
41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	IGARASHI, TAKESHI	
43 STREET ADDRESS	618 WARE BLVD.	
44 CITY - ST - ZIP	TAMPA, FL 33619	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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 110.07(3)(k), 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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if Applicable, or on an attachment with an address.

SIGNATURE: *James J. Woodside III* 6/24/95
 SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)

CR2E034 (3/95)