

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

FILED

Mar 21 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F94000002455 (3)

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



Principal Place of Business: 618 WARE BLVD. TAMPA FL 33618  
Mailing Address: 618 WARE BLVD. TAMPA FL 33619-4443

3. Date Incorporated or Qualified: 05/11/1994  
3a. Date of Last Report: 05/01/1996  
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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business:  
21 State, Apt. #, etc.  
22 City & State  
23 Zip Country  
24  
2a. Mailing Address:  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITTEMORE, DONALD H  
501 E. KENNEDY BLVD, STE 1400  
TAMPA FL 33602  
XXXXXXXXXXXXXXXXXXXX  
111 E. MADISON, STE 2630  
TAMPA, FL 33602

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD WOODSIDE III, JAMES J 618 WARE BLVD. TAMPA FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE S R. MICHAEL REED 301 GARDNER DRIVE NEW CENTURY, KS 66031 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THHERESA WOODSIDE 618 WARE BLVD. TAMPA FL	<input checked="" type="checkbox"/> DELETE	1.2 NAME M GREGORY VOROS 618 WARE BLVD. TAMPA, FL 33619 <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	FRANKENBERG, JAY 618 WARE BLVD TAMPA FL	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
CITY, ST, ZIP	D IGARASHI, TAKESHI 618 WARE BLVD TAMPA FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
NAME		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
STREET ADDRESS		<input type="checkbox"/> DELETE	
CITY, ST, ZIP		<input type="checkbox"/> DELETE	

14. I do 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: *R Michael Reed* R MICHAEL REED 3-7-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)