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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 33618-4443

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
NAME	618 WARE BLVD. TAMPA FL		1.2 NAME
STREET ADDRESS	TAMPA FL		1.3 STREET ADDRESS
CITY, ST, ZIP	TAMPA FL		1.4 CITY-ST-ZIP
TITLE	S THERESA WOODSIDE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE M GREGORY VOROS
NAME	618 WARE BLVD. TAMPA FL		2.2 NAME
STREET ADDRESS	TAMPA FL		2.3 STREET ADDRESS
CITY, ST, ZIP	TAMPA FL		2.4 CITY-ST-ZIP
TITLE	D FRANKENBERG, JAY	<input type="checkbox"/> DELETE	3.1 TITLE M GREGORY VOROS
NAME	618 WARE BLVD TAMPA FL		3.2 NAME
STREET ADDRESS	TAMPA FL		3.3 STREET ADDRESS
CITY, ST, ZIP	TAMPA FL		3.4 CITY-ST-ZIP
TITLE	D IGARASHI, TAKESHI	<input type="checkbox"/> DELETE	4.1 TITLE M GREGORY VOROS
NAME	618 WARE BLVD TAMPA FL		4.2 NAME
STREET ADDRESS	TAMPA FL		4.3 STREET ADDRESS
CITY, ST, ZIP	TAMPA FL		4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE M GREGORY VOROS
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY, ST, ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE M GREGORY VOROS
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY, ST, ZIP			6.4 CITY-ST-ZIP

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)