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FILED  
Mar 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F96000004243 (9)

1. Corporation Name

~~ADVANCED-DISTRIBUTED TECHNOLOGIES, INC.~~  
COALESCENT TECHNOLOGIES CORPORATION

NIC 11898



Principal Place of Business

Mailing Address

1596 BAY CLUB RD  
OVIEDO FL 32766-521  
US

1596 BAY CLUB RD  
OVIEDO FL 32765

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 7061 University Blvd.

Suite, Apt. #, etc.

22 City & State

23 Winter Park, FL

Zip

Country

24 32792-6720

25

USA

2a. Mailing Address

26 7061 University Blvd.

Suite, Apt. #, etc.

27 City & State

28 Winter Park, FL

Zip

Country

29 32792-6720

30

USA

3. Date Incorporated or Qualified

08/19/1996

4. FEI Number

59-3395628

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GILLETTE, CHRISTINA D  
1596 BAY CLUB RD  
OVIEDO FL 32766-521

10. Name and Address of New Registered Agent

81 Name  
Same

82 Street Address (P.O. Box Number is Not Acceptable)  
454 Haveloc Cove

83

84 City  
Oviedo

FL

85 Zip Code  
32765

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 607.0502, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent, and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DCP ☐ DELETE

NAME GILLETTE, DARRELL E

STREET ADDRESS 1596 BAY CLUB RD

CITY-ST-ZIP OVIEDO FL 21

TITLE DCV ☐ DELETE

NAME WHITMORE, LYNNE HOBROFT

STREET ADDRESS 1300 MAJESTIC OAK DR

CITY-ST-ZIP APOPKA FL 32712

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DCP ☒ Change ☐ Addition

1.2 NAME Gillette, Darrell E.

1.3 STREET ADDRESS 454 Haveloc Cove

1.4 CITY-ST-ZIP Oviedo, FL 32765

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

100002446991

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\*\*\*158.75

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.

Darrell E. Gillette

President

(407) 678-3000

CR2E034 (10/97)