

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F97000000212 (7)

1. Corporation Name

FORTRESS TECHNOLOGIES INC. OF FLORIDA

Principal Place of Business
580 SYLVAN AVE.
ENGLEWOOD CLIFFS NJ 07632

Mailing Address
580 SYLVAN AVE.
ENGLEWOOD CLIFFS NJ 07632

FILED
Sep 30 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1997

4. FEI Number
11-3273884

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

2. Principal Place of Business

21 2701 NORTH ROCKY POINT DR.

Suite, Apt. #, etc.

22 SUITE 650

City & State

23 TAMPA FL

Zip

24 33607

Country

25 USA

2a. Mailing Address

26 2701 NORTH ROCKY POINT DR

Suite, Apt. #, etc.

27 SUITE 650

City & State

28 TAMPA FL

Zip

29 33607

Country

30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CS ☐ DELETE

NAME FRIEDMAN, AHARON
STREET ADDRESS 580 SYLVAN AVE.
CITY-ST-ZIP ENGLEWOOD CLIFFS NJ 07632

TITLE CT ☐ DELETE

NAME SAVAS, ANDREW
STREET ADDRESS 580 SYLVAN AVE.
CITY-ST-ZIP ENGLEWOOD CLIFFS NJ 07632

TITLE D ☐ DELETE

NAME BEARD, JOSEPHUS
STREET ADDRESS 580 SYLVAN AVE.
CITY-ST-ZIP ENGLEWOOD CLIFFS NJ 07632

TITLE D ☐ DELETE

NAME D'AMORE, MICHAEL
STREET ADDRESS 580 SYLVAN AVE.
CITY-ST-ZIP ENGLEWOOD CLIFFS NJ 07632

TITLE P ☐ DELETE

NAME WEADOCK, RAYMOND L
STREET ADDRESS 580 SYLVAN AVE.
CITY-ST-ZIP ENGLEWOOD CLIFFS NJ 07632

TITLE V ☒ DELETE

NAME VERRILL, PAMELA C
STREET ADDRESS 580 SYLVAN AVE.
CITY-ST-ZIP ENGLEWOOD CLIFFS NJ 07632

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CS ☒ Change ☐ Addition

1.2 NAME FRIEDMAN, AHARON
1.3 STREET ADDRESS 2701 N ROCKY POINT DRIVE SUITE 650
1.4 CITY-ST-ZIP TAMPA FL 33607

2.1 TITLE CT ☒ Change ☐ Addition

2.2 NAME SAVAS, ANDREW
2.3 STREET ADDRESS 2701 N. ROCKY POINT DRIVE SUITE 650
2.4 CITY-ST-ZIP TAMPA FL 33607

3.1 TITLE D ☒ Change ☐ Addition

3.2 NAME BEARD, JOSEPHUS
3.3 STREET ADDRESS 2701 N. ROCKY POINT DRIVE SUITE 650
3.4 CITY-ST-ZIP TAMPA, FL 33607

4.1 TITLE D ☒ Change ☐ Addition

4.2 NAME D'AMORE, MICHAEL
4.3 STREET ADDRESS 2701 N. ROCKY POINT DRIVE SUITE 650
4.4 CITY-ST-ZIP TAMPA, FL 33607

5.1 TITLE P ☒ Change ☐ Addition

5.2 NAME WEADOCK, RAYMOND L
5.3 STREET ADDRESS 2701 N. ROCKY POINT DRIVE SUITE 650
5.4 CITY-ST-ZIP TAMPA FL 33607

6.1 TITLE V ☐ Change ☒ Addition

6.2 NAME SIMPSON, JANET L
6.3 STREET ADDRESS 2701 N ROCKY POINT DRIVE, SUITE 650
6.4 CITY-ST-ZIP TAMPA FL 33607

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.

CR2E034 (5/98)