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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F97000000212**

1. Corporation Name

FORTRESS TECHNOLOGIES INC. OF FLORIDA

Principal Place of Business	Mailing Address
2701 N ROCKY POINT DR STE 650 TAMPA FL 33607 US	270 N ROCKY POINT DR STE 650 TAMPA FL 33607 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 01/13/1997

4. FEI Number: 11-3273884 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 2701 N Rocky Point Dr.
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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: Janet L Simpson Janet L. Simpson VP Finance & Operations 1/13/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FRIEDMAN, AHARON		1.2 NAME		
STREET ADDRESS	270 N ROCKY POINT DR STE 650		1.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ 07632		1.4 CITY-ST-ZIP		
TITLE	CT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SAVAS, ANDREW		2.2 NAME		
STREET ADDRESS	2701 N ROCKY POINT DR STE 650		2.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ 07632		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BEARD, JOSEPHUS		3.2 NAME		
STREET ADDRESS	2701 N ROCKY POINT DR STE 650		3.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ 07632		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	D'AMORE, MICHAEL		4. 2 NAME		
STREET ADDRESS	2701 N ROCKY POINT DR STE 650		4.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ 07632		4.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WEADOCK, RAYMOND L		5.2 NAME		
STREET ADDRESS	2701 N ROCKY POINT DR STE 650		5.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ 07632		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SIMPSON JANET L		6.2 NAME		
STREET ADDRESS	2701 N ROCKY POINT DR STE 650		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33607		6.4 CITY-ST-ZIP		

PAID w/ $150.00 CK # 4726 1/25/99

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, with all other like empowered.

SIGNATURE: Janet L Simpson Janet L. Simpson 1/13/99 813-288-9388
NAME & TITLE OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #