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May 07, 1999 8:00 am
Secretary of State

05-07-1999 90129 045 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # F97000001580

1. Corporation Name

COPPER KEY TECHNOLOGIES, INC.

Principal Place of Business

1921 S. ALMA SCHOOL RD.
SUITE 101
MESA AZ 85210-3037

Mailing Address

1921 S. ALMA SCHOOL RD.
SUITE 101
MESA AZ 85210-3037

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/26/1997

4. FEI Number

86-0854599

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**ROLLINS, JOHN P
402 N. HIGH POINT DRIVE
COCOA FL 32926**

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 CP ☐ DELETE

NAME **CASTILLO, DAVID**
STREET ADDRESS **1921 S. ALMA SCHOOL RD. SUITE 101**
CITY-ST-ZIP **MESA AZ 85210-3037**

TITLE V ☐ DELETE

NAME **ROLLINS, JOHN**
STREET ADDRESS **402 N HIGH POINT DRIVE**
CITY-ST-ZIP **COCOA FL 32926**

TITLE S ☐ DELETE

NAME **BANKS, KENT**
STREET ADDRESS **402 N HIGH POINT DRIVE**
CITY-ST-ZIP **COCOA FL 32926**

TITLE T ☐ DELETE

NAME **MONTOYA, DAVID**
STREET ADDRESS **1921 S. ALMA SCHOOL RD. SUITE 101**
CITY-ST-ZIP **MESA AZ 85210-3037**

TITLE D ☐ DELETE

NAME **MCROBERTS, MALCOLM**
STREET ADDRESS **402 N HIGH POINT DRIVE**
CITY-ST-ZIP **COCOA FL 32926**

TITLE D ☐ DELETE

NAME **THARPE, ROY**
STREET ADDRESS **402 N HIGH POINT DRIVE**
CITY-ST-ZIP **COCOA FL 32926**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

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:

David R. Montoya
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 *(602) 456-1414*
Date Daytime Phone #

CR2E034 (11/98)