

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90016 010 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F97000002811

1. Corporation Name  
**NSTOR TECHNOLOGIES, INC.**



Principal Place of Business: 100 CENTURY BLVD WEST PALM BEACH FL 33417  
 Mailing Address: 100 CENTURY BLVD WEST PALM BEACH FL 33417

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**05/29/1997**

4. FEI Number: **95-2094565** 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: 24 Country: 25

2a. Mailing Address: 26  
 Suite, Apt. #, etc.: 27  
 City & State: 28  
 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
**LEVY, MARK F**  
**100 CENTURY BLVD**  
**WEST PALM BEACH FL 33417**

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEVY, MARK F	
STREET ADDRESS	100 CENTURY BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FLOYD, ORILLA F	
STREET ADDRESS	100 CENTURY BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	WISE, MICHAEL L	
STREET ADDRESS	285 TANGLEWOOD CROSSING	
CITY-ST-ZIP	LAWRENCE NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEVY, H I	
STREET ADDRESS	100 CENTURY BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GREEN, BERNARD R	
STREET ADDRESS	100 CENTURY BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Steffann, Lawrence	
1.3 STREET ADDRESS	450 Technology Park Drive	
1.4 CITY-ST-ZIP	Lake Mary, FL 32746	
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Levy, Mark F.	
2.3 STREET ADDRESS	100 Century Boulevard	
2.4 CITY-ST-ZIP	West Palm Beach, FL 33417	
3.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Wise, Michael L.	
3.3 STREET ADDRESS	285 Tanglewood Crossing	
3.4 CITY-ST-ZIP	Lawrence, NY	
4.1 TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Levy, H I	
4.3 STREET ADDRESS	100 Century Boulevard	
4.4 CITY-ST-ZIP	West Palm Beach, FL 33417	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	McGrath, James E.	
5.3 STREET ADDRESS	100 Century Boulevard	
5.4 CITY-ST-ZIP	West Palm Beach, FL 33417	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_ DATE: April 26, 1999 (407) 640-3133

CR2E034 (11/98)