


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

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Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90039 002 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS							
DOCUMENT # F98000006190											
1. Corporation Name PARALOGIC HOLDING CORPORATION											
Principal Place of Business 5950 LAKEHURST DR. ORLANDO FL 32819		Mailing Address 5950 LAKEHURST DR. ORLANDO FL 32819 <i>\$150 Fee 8.75 \$158.75</i>									
2. Principal Place of Business 21 7800 Southland Blvd. Suite, Apt. #, etc. 22 Suite 250 City & State 23 Orlando FL Zip Country 24 32809 25		2a. Mailing Address 26 7800 Southland Blvd. Suite, Apt. #, etc. 27 Suite 250 City & State 28 Orlando FL Zip Country 29 32809 30		3. Date Incorporated or Qualified 11/09/1998 4. FEI Number 04-3438383 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
9. Name and Address of Current Registered Agent JOHNSON-NEILSON, BLAIR 5950 LAKEHURST DR. ORLANDO FL 32819			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 7800 Southland Blvd. 83 Suite 250 84 City Orlando FL 85 Zip Code 32809								
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 <i>[Signature]</i> 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 CPS <input type="checkbox"/> DELETE NAME BARON, MICHAEL STREET ADDRESS 5950 LAKEHURST DR. CITY-ST-ZIP ORLANDO FL 32819 TITLE D <input type="checkbox"/> DELETE NAME WITTENBERG, CHARLES STREET ADDRESS 81 WYMAN ST. CITY-ST-ZIP WALTHAM MA 02254 TITLE D <input type="checkbox"/> DELETE NAME MELISSERATOS, ARIS STREET ADDRESS 81 WYMAN ST. CITY-ST-ZIP WALTHAM MA 02254 TITLE T <input type="checkbox"/> DELETE NAME ALTERMAN, ERIC STREET ADDRESS 101 SOUTHWALL LN. CITY-ST-ZIP MAITLAND FL 32751 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE CPSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE Michael Baffa <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME 101 Southwall Ln. 5.3 STREET ADDRESS Maitland, FL 32751 5.4 CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)