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

PROFIT CORPORATION ANNUAL REPORT
1999

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

FILED
Jan 29, 1999 8:00am
Secretary of State

01-29-1999 90058 001 ****158.75

DOCUMENT # **G36425**

1. Corporation Name
ENABLING TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
1601 NE BRAILLE PL JENSEN BEACH FL 34957 US	1601 NE BRAILLE PL JENSEN BEACH FL 34957 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 04/25/1983

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 59-2503431 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BOND, JAMES A., P.A. FIRST NATIONAL BANK BUILDING, SUITE 4 1251 S.W. 27TH STREET PALM CITY FL 34990	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, CHUCK		1.2 NAME		
STREET ADDRESS	3739 SE DOUBLETON DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROWE, KEITH		2.2 NAME		
STREET ADDRESS	3654 SE FAIRWAY EAST		2.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		2.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	THOMAS, WILLIAM A., SR.		3.2 NAME		
STREET ADDRESS	31 S.E. HARBOR POINT DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		3.4 CITY-ST-ZIP		
TITLE	VTD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KIMBROUGH, B.T.		4.2 NAME		
STREET ADDRESS	1601 NE BRAILLE PLACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	THOMPSON, ED		5.2 NAME		
STREET ADDRESS	3644 FAIRWAY E		5.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		5.4 CITY-ST-ZIP		
TITLE	PSD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SCHENK, ROBERT A		6.2 NAME		
STREET ADDRESS	1601 NE BRAILLE PLACE		6.3 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL		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 REQUIRED 1/12/99 561-225-3687 ext. 203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)