

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

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G76721 (1)
 1. Corporation Name
DICING TECHNOLOGY, INC.



Principal Place of Business 1978 CORPORATE SQUARE 52-2080 LONGWOOD FL 32750	Mailing Address 1978 CORPORATE SQUARE 52-2080 LONGWOOD FL 32750
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/29/1983		4. FEI Number 59-2350285		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
22 City & State	27 City & State	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		
23 Zip	25 Country	28 Zip	30 Country	

9. Name and Address of Current Registered Agent KROOL, RICHARD H. 1978 CORPORATE SQUARE LONGWOOD FL 32750		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DPS	<input type="checkbox"/> DELETE	1.1 TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KROLL, RICHARD		1.2 NAME KROLL, RICHARD	
STREET ADDRESS 2131 DEER HOLLOW CIR		1.3 STREET ADDRESS	
CITY-ST-ZIP LONGWOOD, FL 00000		1.4 CITY-ST-ZIP	
TITLE DT	<input type="checkbox"/> DELETE	2.1 TITLE DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KROLL, NORMA		2.2 NAME KROLL, NORMA	
STREET ADDRESS 2131 DEER HOLLOW CIR		2.3 STREET ADDRESS	
CITY-ST-ZIP LONGWOOD, FL 00000		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME KROLL, JEFF	
STREET ADDRESS		3.3 STREET ADDRESS 2131 DEER HOLLOW CIRCLE	
CITY-ST-ZIP		3.4 CITY-ST-ZIP LONGWOOD, FL 32779	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME SOKEITOUS, HOLLY	
STREET ADDRESS		4.3 STREET ADDRESS 2131 DEER HOLLOW CIRCLE	
CITY-ST-ZIP		4.4 CITY-ST-ZIP LONGWOOD, FL 32779	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Norma Kroll* **NORMA KROLL** 4-2-98 407-339-6959

CF2E034 (10/97)