


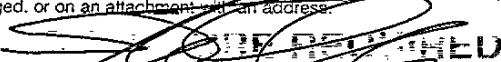
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J21048 (0) 1. Corporation Name DISTRIBUTED PROCESSING TECHNOLOGY, CORP.					
Principal Place of Business 140 CANDACE DR MAITLAND FL 32751			Mailing Address 140 CANDACE DR MAITLAND FL 32751		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/25/1986	
21		26		4. FEI Number 59-2689573	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		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	
24		25		29	
9. Name and Address of Current Registered Agent HARRIS, MARSHALL S. 255 SO. ORANGE AVE SUITE 850 ORLANDO FL 32801			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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DST	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOLDMAN, MARILYN S.		1.2 NAME		
STREET ADDRESS	140 CANDACE DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL		1.4 CITY-ST-ZIP		
TITLE	DC	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOLDMAN, S.I.		2.2 NAME		
STREET ADDRESS	140 CANDACE DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL		2.4 CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOLDMAN, STEPHEN H.		3.2 NAME		
STREET ADDRESS	140 CANDACE DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITCHURCH, E. F.		4.2 NAME		
STREET ADDRESS	140 CANDACE DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL		4.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEVIN, JOHN PHILLIP		5.2 NAME		
STREET ADDRESS	140 CANDACE DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WAGMAN, DAVID S.		6.2 NAME		
STREET ADDRESS	140 CANDACE DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL		6.4 CITY-ST-ZIP		

SIGNATURE:



1/15/98 407.830.5522

CR2E034 (10/97)