SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -9 PM 12:30

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -0 PM 12:25

DOCUMENT # J39782 (4)

1. Corporation Name
CONDYNE TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
477 COMMERCE WAY, SUITE 107 LONGWOOD FL 32750	477 COMMERCE WAY, SUITE 107 LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/24/1986
3a. Date of Last Report: 05/24/1994

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

4. FEI Number: 59-2746283 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HEATH, GARY C
477 COMMERCE WAY, SUITE 107
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03 same
04 City — FL — 05 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DC FLOREN, JOHN R. 4263 CHULUOTA RD. ORLANDO FL	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Eric Ram - Chairman of Board 5851 S. W. 94th Street Miami, FL 33156	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VDST HEATH, GARY C. 101 SHEPHERD TRAIL LONGWOOD FL	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	John Zeeman - President - Director 230 Palmo Way Palm Beach, FL 33480	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HAVERSAT, EDWARD M. 618-216 ONE CENTER BLVD / STE D306 ALTAMONTE SPRINGS FL	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Gary Heath - V.P. - Director 101 Shepherd Trail Longwood, FL 32750	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LANDRUM, GENE N 535 ONE CENTER BLVD ALTAMONTE SPRINGS FL	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Harold Adams - Director 8663 Chase Glen Circle Fairfax Station, VA 22039	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTINEZ, ROBERT 4647 SAN JOSE ST TAMPA FL	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	James Copeland - Director 4212 Grant Blvd. Orlando, FL 32804	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUFFEY, SAMUEL S 7338 REGINA ROYALE #72 SARASOTA FL	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	Robert Martinez - Director 1211 N. Westshore Blvd, Ste 419 Tampa, FL 33607	☐ Change ☐ Addition
			John Floren - Director 4263 Chuluota Road Orlando, FL 32820	☒ Change ☐ Addition

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Gary C. Heath — Gary C. Heath — 8/01/95 — 407-767-8515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000003 CP