

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # K18359 (5) 1. Corporation Name RAND TECHNOLOGIES INC.		



Principal Place of Business 110 SE 6 ST 28 FLOOR FORT LAUDERDALE FL 33301 US	Mailing Address 110 SE 6 ST 28 FLOOR FORT LAUDERDALE FL 33301 US
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2. Principal Place of Business 21 2431 Aloma Avenue Suite, Apt. #, etc 22 Suite 152 City & State 23 WINTER PARK, FLORIDA Zip 24 32792	2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country 30 U.S.A.
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3. Date Incorporated or Qualified 03/16/1988	3a. Date of Last Report 02/17/1995
4. FEI Number 65-0052928	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 MATT ZIFRONY, C/O TRIPP, SCOTT, CONKLIN & SMITH 110 SE 6TH ST 28TH FLOOR FORT LAUDERDALE FL 33301	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
	85. Zip Code

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

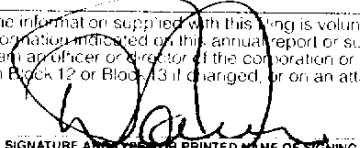
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. 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 for approval (NOTE: Registered Agent's signature required when resigning) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	DST ☐ DELETE
NAME	SEMKIW, DENNIS C.
STREET ADDRESS	4110 MOLLY AVE
CITY - ST - ZIP	MISSISSAUGA, ONTARIO
TITLE	DP ☐ DELETE
NAME	SEMKIW, BRIAN W.
STREET ADDRESS	1126 FIELDSTONE CIRCLE
CITY - ST - ZIP	OAKVILLE, ONTARIO
TITLE	DV ☐ DELETE
NAME	BALDESARRA, G. RON
STREET ADDRESS	7887 CHURCHVILLE RD
CITY - ST - ZIP	BRAMPTON, ONTARIO
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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)(k) 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **DENNIS SEMKIW** JUNE 25/96 905-625-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)