


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

FILED

Apr 16 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # L13440 (7)</b> 1. Corporation Name <b>ETF TECHNOLOGIES, INC.</b>		



Principal Place of Business <b>B&amp;C CORPORATE SERVICES % BROAD &amp; CASSEL</b> <b>390 N. ORANGE AVENUE, SUITE 1100</b> <b>ORLANDO FL 32801</b>	Mailing Address <b>B&amp;C CORPORATE SERVICES % BROAD &amp; CASSEL</b> <b>390 N. ORANGE AVENUE, SUITE 1100</b> <b>ORLANDO FL 32801-1841</b>
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<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	<b>3. Date Incorporated or Qualified</b> <b>09/01/1989</b>	<b>3a. Date of Last Report</b> <b>03/06/1996</b>
		<b>4. FEI Number</b> <b>59-2864135</b>	Applied For <input type="checkbox"/> Not Applicable
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
		<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b> <b>B&amp;C CORPORATE SERVICES OF CENTRAL FL</b> <b>C/O BROAD AND CASSEL</b> <b>390 N. ORANGE AVENUE, SUITE 1100</b> <b>ORLANDO FL 32801</b>	<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 agent 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 <b>DV</b> NAME <b>HICKS, KEITH Q.</b> STREET ADDRESS <b>101 SOUTHBALL LANE STE 125</b> CITY-ST-ZIP <b>MAITLAND FL</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>P</b> 1.2 NAME <b>DONNA M. MITCHELL</b> 1.3 STREET ADDRESS <b>8240 NW 52nd TERRACE, SUITE 500</b> 1.4 CITY-ST-ZIP <b>MIAMI, FLORIDA 33166</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>DP</b> NAME <b>ALLGOOD, ROBYN</b> STREET ADDRESS <b>101 SOUTHBALL LN STE 125</b> CITY-ST-ZIP <b>MAITLAND FL</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>D</b> 2.2 NAME <b>ROBYN ALLGOOD</b> 2.3 STREET ADDRESS <b>101 SOUTHBALL LANE, SUITE 125</b> 2.4 CITY-ST-ZIP <b>MAITLAND, FLORIDA 32751</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>DVT</b> NAME <b>SABACINSKI, DIANA</b> STREET ADDRESS <b>8240 NW 52ND TERR., STE 500</b> CITY-ST-ZIP <b>MIAMI FL</b>	<input type="checkbox"/> DELETE	3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>ASD</b> NAME <b>ALLGOOD, RANDAL M.</b> STREET ADDRESS <b>390 NORTH ORANGE AVE STE 1100</b> CITY-ST-ZIP <b>ORLANDO FL</b>	<input type="checkbox"/> DELETE	4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> DELETE	5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> DELETE	6.1 TITLE  6.2 NAME  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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:  4/9/97 (305) 470-2001

CR2E034 (9/96)