

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

FILED  
Apr 30 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 # L13440

(7)

1. Corporation Name

ETF TECHNOLOGIES, INC.

Principal Place of Business

B&C CORPORATE SERVICES \* BROAD & CASSEL  
390 N. ORANGE AVENUE, SUITE 1100  
ORLANDO FL 32801

Mailing Address

~~B&C CORPORATE SERVICES \* BROAD & CASSEL~~  
~~390 N. ORANGE AVENUE, SUITE 1100~~  
~~ORLANDO FL 32801~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1989

4. FEI Number

59-2964135

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 P.O. Box 4961

27 City & State

28 Zip

29 Country

32802-4961

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

B & C CORPORATE SERVICES OF CENTRAL FL  
C/O BROAD AND CASSEL  
390 N. ORANGE AVENUE, SUITE 1100  
ORLANDO FL 32801

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 DV  
NAME HICKS, KEITH Q.  
STREET ADDRESS 101 SOUTHWALL LANE STE 125  
CITY-ST-ZIP MAITLAND FL

☐ DELETE

TITLE P  
NAME MITCHELL, DONNA  
STREET ADDRESS 8240 NW 52ND TERRACE, STE. 500  
CITY-ST-ZIP MAITLAND FL 33166

☐ DELETE

TITLE DVT  
NAME SABACINSKI, DIANA  
STREET ADDRESS 8240 NW 52ND TERR., STE 500  
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE ASD  
NAME ALLIGOOD, RANDAL M.  
STREET ADDRESS 390 NORTH ORANGE AVE STE 1100  
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE D  
NAME ALLIGOOD, ROBYN  
STREET ADDRESS 101 SOUTHWALL LANE, SUITE 125  
CITY-ST-ZIP MAITLAND FL 32751

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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

*[Signature]* Diana Sabacinski Diana Sabacinski 4/24/98 (905) 470-2000

CR2E034 (10/97)