

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 07, 1999 8:00 am  
Secretary of State

04-07-1999 90003 040 \*\*\*158.75

DOCUMENT # L13440

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  
PO BOX 4961  
390 N. ORANGE AVENUE, SUITE 1100  
ORLANDO FL 32802-961  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21 Executrain of Florida		26 Executrain of Florida		09/01/1989		59-2964135		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		X		\$8.75 Additional Fee Required	
22 8240 N.W. Sand Terr., Suite 500		27 8240 N.W. Sand Terr., Suite 500		6. Election Campaign Financing		Trust Fund Contribution		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax.		Yes		X No	
23 Miami, FL		28 Miami, FL							
Zip		Country		29 33166		30 U.S.A.			

9. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DV	HICKS, KEITH Q.		1.1 TITLE	DVP	X Change	
NAME				1.2 NAME	ALLIGOOD, ROBYN		
STREET ADDRESS		101 SOUTHWALL LANE STE 125		1.3 STREET ADDRESS	101 SOUTHWALL LANE, SUITE 125		
CITY-ST-ZIP		MAITLAND FL		1.4 CITY-ST-ZIP	MAITLAND, FL 32751		
TITLE	P	MITCHELL, DONNA		2.1 TITLE	DVP	X Change	
NAME				2.2 NAME	WHITE, BEVERLY HILL		
STREET ADDRESS		8240 NW 52ND TERRACE, STE. 500		2.3 STREET ADDRESS	4830 WEST KENNEDY BLVD., SUITE 700		
CITY-ST-ZIP		MAITLAND FL 33166		2.4 CITY-ST-ZIP	TAMPA, FL 33609		
TITLE	DVT	SABACINSKI, DIANA		3.1 TITLE	VP OF PURCHASING	X Change	
NAME				3.2 NAME	NETINHO, DONALD		
STREET ADDRESS		8240 NW 52ND TERR., STE 500		3.3 STREET ADDRESS	101 SOUTHWALL LANE, SUITE 125		
CITY-ST-ZIP		MIAMI FL		3.4 CITY-ST-ZIP	MAITLAND, FL 32751		
TITLE	ASD	ALLIGOOD, RANDAL M.		4.1 TITLE	PD	X Change	
NAME				4.2 NAME	MITCHELL, DONNA M.		
STREET ADDRESS		390 NORTH ORANGE AVE STE 1100		4.3 STREET ADDRESS	8240 NW 52ND TERRACE, SUITE 500		
CITY-ST-ZIP		ORLANDO FL		4.4 CITY-ST-ZIP	MIAMI, FL 33166		
TITLE	D	ALLIGOOD, ROBYN		5.1 TITLE		X Change	
NAME				5.2 NAME			
STREET ADDRESS		101 SOUTHWALL LANE, SUITE 125		5.3 STREET ADDRESS			
CITY-ST-ZIP		MAITLAND FL 32751		5.4 CITY-ST-ZIP			
TITLE				6.1 TITLE		X Change	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE: *Donna Mitchell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0091486