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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

98 FEB 24 AM 10: 04

DOCUMENT # L45028 1. Corporation Name NUIGENESYS, Inc.					SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business  Mailing Address  15 Artemu Blvd  15 Artemu Blvd						
د سر و ایسال با د د د د د د د د د د د د د د د د د د				DO NOT WRITE IN THIS SPACE		
32953				3. Date Incorporated or Qualified		
2. Principal Place of Business	ncipal Place of Business 28. Mailing Address			4. FEI Number	Applied For	
21	26			59-2983603	Not Applicable	
Suite, Apt. #, etc.	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	ale City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 25	Zip Country 29 30				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes SNo	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
CT Corporation System 1200 S. Pine Island Rd. Plantation, FL 33324			81 Nar	ne		
			82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City 85 Zip Code		and (DO, Day Number in Not Acceptable)	
					ess (P.O. box Number is Not Acceptable)	
					las Zio Codo	
			84 City FL 85 Zip Code			
<ol> <li>Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent if am familiar with, and accept the oblig</li> </ol>	of Florida, Such change was au	ithorized	by the c	ed corpo orporation	oration submits this statement for the purpose on's board of directors. I hereby accept the a	of changing its registered oppointment as registered
SIGNATURE Signature typed or publicationame of registeriolage	of and tilled apply shot. (NOTE:	Registered	Anen: sign:	lure require	d when re-nataling) [DATE	
12. OFFICERS AND DIRECTORS 13.				ioro require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D Keith Bacon DELETE 11			LE	☐ Change ☐ Add		☐ Change ☐ Addition
			1.2 NAME			
STREET ADDRESS 15 ATTEM 13 BIV	4 4 4 4 Td. d El 310 C2			ss	4000024418549 -02/26/9801087026	
CITY-ST-ZIP Merritt Island						
TITLE	☐ DELETE 2.1 TITLE		LE		東京本年165。 4 (11) (11) (11) (11) (11)	
2.2		2.2 NA	NAME		40000244	
T ADDRESS 2:		2.3 \$11	2.3 STREET ADDRESS		-02/26/9801087027 ****150.00 ****150.00	
CITY-ST-ZIP					कककक13U <b>.</b>	
TITLE	☐ DELETE	3 1 117	LE			☐ Change ☐ Addition
MANAG		3.2 NA	ME			I

3 3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP CHTY-ST-ZIP ☐ DELETE 4 1 11TLE ☐ Change ☐ Addition TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY DELETE Change ☐ Addition 5 1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZiP CITY-ST-ZIP DELETE. Change Addition TITLE 61 TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY ST - ZIP

14. Thereby 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:

LEUTH Bacon

Feb 20, 1997 407-453-4357