FILE NOW. FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JUL 31 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L66876

1. Corporation Name

RANDL TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
Rana M. Gorzeck 100 W. Cypress Creek Rd. Suite 910 Ft. Lauderdale, FL 33309	Rana M. Gorzeck 100 W. Cypress Creek Rd. Suite 910 Ft. Lauderdale, FL 33309

3. Date Incorporated or Qualified: 4/12/1990
3a. Date of Last Report: 05/01/96

2. Principal Place of Business	2a. Mailing Address
21: 3110 NE 59th St	26: 3110 NE 59th St
22: Suite, Apt. #, etc.	27: Suite, Apt. #, etc.
23: City & State: Fort Lauderdale, FL	28: City & State: Fort Lauderdale, FL
24: Zip: 33308 / 25: Country: USA Broward	29: Zip: 33308 / 30: Country: USA Broward

4. FEI Number: 65-0202290 ☐ 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	10. Name and Address of New Registered Agent
GORZECK, RANA M. 100 West Cypress Creek Road Suite 910 Fort Lauderdale, FL 33309	81 Name: Rana M. Gorzeck 82 Street Address (P.O. Box Number is Not Acceptable): 3110 NE 59th Street 83: 84 City: Fort Lauderdale FL 85 Zip Code: 33308

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: Rana M. Gorzeck — RANA M. GORZECK — DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	Beatrice K. Margolis		1.2 NAME	
STREET ADDRESS	100 W. Cypress Creek Rd		1.3 STREET ADDRESS	1201 Ocean Boulevard
CITY-ST-ZIP	Ft Lauderdale, FL 33308		1.4 CITY-ST-ZIP	Hollywood, FL
TITLE	DPTS	☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	Rana M. Gorzeck		2.2 NAME	
STREET ADDRESS	100 W. Cypress Creek Rd		2.3 STREET ADDRESS	3110 NE 59th Street
CITY-ST-ZIP	Ft. Lauderdale, FL 33308		2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33308
TITLE	DVP	☐ DELETE	3.1 TITLE	☑ Change ☐ Addition
NAME	Michael I. Gorzeck		3.2 NAME	
STREET ADDRESS	100 W. Cypress Creek Rd		3.3 STREET ADDRESS	3110 NE 59th Street
CITY-ST-ZIP	Ft. Lauderdale, FL 33308		3.4 CITY-ST-ZIP	Fort Lauderdale, FL 33305
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	500002254085 ☐ Change ☐ Addition
NAME			6.2 NAME	05/06/97 96425 030
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	$660.00 $165.00

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rana M. Gorzeck — 1-954-462-3300
SIGNATURE AND TYPED OR PRINTED NAME OF ASSIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

RANA M. GORZECK, PRES.