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

DOCUMENT #

(0)

C.A. TECHNOLOGY, INC.

Mailing Address

FILED May 06 1998 8:00am Secretary of State



Suite, Apt 4, etc. Solition Apt 4, etc.	Principal Plac	e of Business	Mailing Address				r indicinati dan inici nama misin latat ditra altri dibit dibit dibit dibit dibit dibit		
2. Principal Place of Business 2. Making Address 2. Making Address 3. Date Incorporation	9500 S. OCEAN DR., ISLANDIA 2		9500 S. OCEAN DR., ISLANDIA			DO NOT WRITE IN T	THIS SPACE		
Sullis, Apil wide: City & State				1					
Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc.	2. Principal P	lace of Business	h					 	`
20 Country Z-p R-p R-p R-p R-p R-p R-p R-p R-p R-p R	22								
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of Name Registered Agent 11. Name and Address of Name Registered Agent 12. Name and Address of Name Registered Agent 13. Name and Address of Name Registered Agent 14. Pursuant to the provisions of Sections 607 0/02 and 607 1508. Ficrida Statutes, the above animal state and the provisions of Sections 607 0/02 and 607 1508. Ficrida Statutes, the above animal state and the statement for the purpose of Changing its registered agent, or both, in the State of Fiorida Statutes, the above animal statement for the purpose of Changing its registered agent, or both, in the State of Fiorida Statutes, the above animal statement for the purpose of Changing its registered agent agent and the institute of Fiorida Statutes, the above animal statement for the purpose of Changing its registered agent agent and the institute of Fiorida Statutes. Statement agent agent and the institute of Fiorida Statutes, the above animal statement for the purpose of Changing its registered agent and the institute of Fiorida Statutes. Statement agent and the institute of Fiorida Statutes. Statement agent agent and the institute of Fiorida Statutes. Statement for the purpose of Changing its registered agent agent and the institute agent agent and the institute agent ag	City & State 23	e	<u>⊢</u> ¬ '	<u>⊢</u>			· · · · · · · · · · · · · · · · · · ·		
S. Name and Address of Current Registered Agent LEVINSON, EDWARD E. 407 UNCOLN ROAD, PH-SE MIAMI BEACH FL 33139 82 Street Address (P.O. Box Number is Not Acceptable) 83 84		I	—	\vdash	untry		,		
LEVINSON, EDWARD E. 407 UNCOLN ROAD, PH-SE MIAMI BEACH FL 33139 82 Street Address (P.O. Box Number is Not Acceptable) 83	441			1301	т				
### City FL 85 Zip Code ### City FL 85 Zip Code					81	Name	In' water and various of the ushair	NOR WROLL	
MIAMI BEACH FL 33139 Ba						HUHO			
11. Pursuant to the provisions of Soctions 607 0/502 and 607 1508. Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent. I am figurillar with, and accept the obligations of Soction 607 0505. Floridas Statules. SIGNATURE 12. OF FIGURES AND DIFF.CORS NOTE Registered Agent space registered agent to mit figurillar with, and accept the obligations of Soction 607 0505. Floridas Statules. 13. ADDITIONS/CHANGES TO OFFICERS AND DIFF.CORS IN 12 14. OF FIGURES AND DIFF.CORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIFF.CORS IN 12 15. ADDITIONS/CHANGES TO OFFICERS AND DIFF.CORS IN 12 16. OFFICERS AND DIFF.CORS 13. IN					82	Street Add	dress (P.O. Box Number is Not Acceptable)	*	
THE PO DELETE DELET					83		_		
office or registered agent, or both, in the State of Fronta, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent are infamiliar with, and accept the obligations of, Socion 607 0505, Florida Statutes. SIGNATURE 12.					84	City		FL 85 Zip	Code
12	office or r	egistered agent, or both, in the State	of Florida. Such change was	authorize	ed by	the corpora	poration submits this statement for the purporation's board of directors. I hereby accept the	use of changing it a appointment as	ts registered registered
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 11 TITLE DELETE	SIGNATURE	Classic	Toron vivio a commentation	TE 5					
TITLE						ni signature requ			29 IN 12
MAME STREET ADDRESS 2500 S. OCEAN DR., ISLANDIA 2 1.3 STREET ADDRESS 1.4 CITY-ST-2PP							ADDITIONO, OT INTOCHO		·
STREET ADDRESS STRE				-					
DELETE DELETE LADRESS LADRES			IA 2			ADDRESS			
DELETE DELETE 21 ITILE Change Addition									
NAME STREET ADDRESS CITY-ST-ZIP 2 A CITY-ST-ZIP TITLE DELETE 3.1 TITLE 3.2 NAME 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE DELETE 4.1 TITLE DELETE 4.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE DELETE 4.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.3 STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.3 STREET ADDRESS STREET ADRESS STREET ADRESS STREET ADRESS STREET ADRESS STREET ADRESS STREET ADRESS STREET AD			DELETE	_		1-211		Channe	Addition
STREET ADDRESS 2 3 STREET ADDRESS 2 4 CITY-ST-ZIP									
CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS CITY-ST-ZIP Change Addition CITY-ST-ZIP 3.4 CITY-ST-ZIP Change Addition NAME 4 2 NAME CITY-ST-ZIP CITY-ST-ZIP Addition NAME 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition NAME 5.1 TITLE Change Addition NAME 5.2 NAME CITY-ST-ZIP Change Addition NAME 5.3 STREET ADDRESS CITY-ST-ZIP Change Addition NAME 5.3 STREET ADDRESS CITY-ST-ZIP Change Addition NAME 6.4 CITY-ST-ZIP Change Addition NAME 6.3 STREET ADDRESS CITY-ST-ZIP Change Addition NAME 6.4 CITY-ST-ZIP Change Addition Addition NAME 6.4 CITY-ST-ZIP Change Addition Addition						ADDRESS			
TITLE									
NAME			DELETE					Change	Addition
STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP									
STREET ADDRESS STRE	STREET ADDRESS			3.3 9	STREET	ADDRESS			
TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME 4.3 SIREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition NAME DELETE 5.1 TITLE Change Addition NAME 5.2 NAME 5.2 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition NAME DELETE 6.1 TITLE Change Addition NAME G2 NAME CTY-ST-ZIP Addition STREET ADDRESS G3 STREET ADDRESS CTY-ST-ZIP CTY-ST-ZIP	CITY-ST-ZIP			3.4.	CITY-S	T - ZiP			-
STREET ADDRESS 43 SIREET ADDRESS 44 CITY-ST-ZIP 44 CITY-ST-ZIP 51 TITLE Change Addition			DELETE		• • • • • • •			Change	Addition
CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Change Addition NAME DELETE 61 TITLE Change Addition NAME 62 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 64 CITY-ST-ZIP CITY-ST-ZIP	NAME			4. 2	NAME				
TITLE DELETE 51 TITLE Change Addition NAME 52 NAME FACILY - ST - ZIP STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHANGE Addition NAME DELETE 61 TITLE Change Addition NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP 64 CITY - ST - ZIP 64 CITY - ST - ZIP CITY - ST - ZIP	STREET ADDRESS			4.3 9	STREET	address			
NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE □ DELETE 6.1 TITLE □ Change □ Addition NAME 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.5 STREET ADDRESS CITY-ST-ZIP 6.5 CITY	CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		4.4 (CITY-SI	r-ZiP			
STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP	TITLE		☐ DELETE	5.1 T	ITLE			☐ Change	☐ Addition
CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 61 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP	NAME			5.2 N	IAME				
TITLE DELETE 61 TITLE Change Addition NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP	STREET ADDRESS			5.3 9	STREET .	address			
NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP	CITY-ST-ZIP		·····			- Z IP		···	
STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP			☐ DELETE					LI Change	☐ Addition
CITY-ST-ZIP 6.4 CITY-ST-ZIP				6.2 N	IAME				
	STREET ADDRESS			6.3 9	TREET.	address			ļ
	CITY-ST-ZIP		61. a 2. 700				0		

mosts; 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 require or trustice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in adachment with an address. Indicated on this annual report or supp officer or director of the corporation or Block 12 or Block 13 if changed, or or

Anril 217 1010