FILE NOW: Fee after May 1, will be \$588.75

FILED FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham 97 MAY -2 AM 11: 10 ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS SECRETARY OF STATE FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company DOCUMENT #195000000829 Principal Place of Business Address INTERNATIONAL TECHNOLOGIES, L.C. 815 CYPRESS CREEK BLVD 15 CYPRESS CREEK BLVD RUSKIN FL 33573 RUSKIN FL 33573 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a. 3. Date Organized or Qualified 2. Principal Place of Business 2a. Mailing Address 3s. State of Formation 815 Cypress Village Bl Suite, Apt. #, etc. 815 Cypress Village Bl Sulte, Apt. #, etc. 0/31/1995 4. FEI Number Applied For City & State City & State Not Applicable 9-3351231 Ruskin, Florida <u>Ruskin, Florida</u> 5. Date of Last Report 6. Certificate of Status Desired sh 75 Additional Fee Required 33573 5/01/1996 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent LANE, WILLIAM R JR. Allen Preston 501 E. KENNEDY BLVD. Street Address (P.O. Box Number is Not Acceptable) BUITE 1400 3508 Cardenal Avenue Sulte, Apt. #, etc. PAMPA FL 33602 Zip Code Ruskin, 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above named limited liability company 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 affirm ative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE Allen Preston, Managing Member 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code 4GR PRESTON, ALLEN J 3508 CARDENAL AVENUE RUSKIN FL MGRM 4GR RESTON, ROSINA 3508 CARDENAL AVENUE RUSKIN FL MGRM ooa 11. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i), Ftorida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 308, Florida Statutes; and that my name appears in Block 10, or on an SIGNATURE: Allen Preston, Managing Member

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER