

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

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **L97760** (7)
1. Corporation Name
ORLANDO TECHCENTER, INC.

Principal Place of Business 250 AUSTRALIAN AVE SO. SUITE 500 WEST PALM BEACH FL 33401 US	Mailing Address 250 AUSTRALIAN AVE SO. SUITE 500 WEST PALM BEACH FL 33401 US
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/04/1990	
4. FEI Number 65-0215603	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	22 City & State	27 City & State
23 Zip	28 Zip	24 Country	30 Country

9. Name and Address of Current Registered Agent CORPORATION COMPANY OF MIAMI 1500 EDWARD BALL BLDG. 100 CHOPIN PLAZA MIAMI FL 33131		81 Name
		82 Street Address (P.O. Box Number is Not Acceptable)
		83
		84 City
		85 Zip Code

10. Name and Address of New Registered Agent	

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	
TITLE	VP
NAME	REIBUNG, LORENZ
STREET ADDRESS	1400 E NEWPORT CENTER DR STE 500
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	P
NAME	ACKERMANS, GERHARD
STREET ADDRESS	C/O 250 AUSTRALIAN AVENUE SOUTH SUITE 500
CITY-ST-ZIP	W PALM BCH FL
TITLE	VPT
NAME	VOELKEL, MARKUS
STREET ADDRESS	C/O 250 AUSTRALIAN AVENUE SOUTH SUITE 500
CITY-ST-ZIP	W PALM BCH FL
TITLE	VP
NAME	REIBUNG, GUENTHER
STREET ADDRESS	1400 E. NEWPORT CENTER DR. 209
CITY-ST-ZIP	DEERFIELD BEACH FL
TITLE	AS
NAME	KASSOF, LINDA
STREET ADDRESS	1400 E. NEWPORT CENTER DR.
CITY-ST-ZIP	DEERFIELD BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 attached fil with an address.

SIGNATURE: _____ 3/24/98 954/4001

CR2E034 (10/97)